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TRAFFICKING AND ABUSE OF NARCOTICS IN THE NORTHEAST UNITED STATES

HEARING

BEFORE THE

SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL HOUSE OF REPRESENTATIVES

NINETY-EIGHTH CONGRESS

FIRST SESSION

JUNE 20, 1983

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MONDAY, JUNE 20, 1983

HOUSE OF REPRESENTATIVES,
SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL,
New York, N.Y.

The select committee met, pursuant to call, at 10:10 a.m., in the Appellate Courtroom, Court of International Trade, 1 Federal Plaza, New York, N.Y., Hon. Charles B. Rangel (chairman) presiding.

Present: Representatives Charles B. Rangel, Peter W. Rodino, Jr., James H. Scheuer, Frank J. Guarini, Sam B. Hall, Jr., Mel Levine, Solomon P. Ortiz, Ed Towns, Benjamin A. Gilman, and Gene Chappie.

Also present: Representative Bill Green.

Staff present: John T. Cusack, chief of staff; Richard B. Lowe III, chief counsel; Elliott A. Brown, minority staff director; George R. Gilbert, counsel; James J. Heavey, press officer; Edward H. Jurith, counsel; Dr. Martin I. Kurke, professional staff member; and John W. Peploe, investigator.

Mr. RANGEL. The Select Committee on Narcotics Abuse and Control will come to order.

Good morning and thanks to the members who are here.

The select committee is in New York today with an important mission. We plan to assess the experience of this part of the country with the illicit narcotics trade and the widespread abuse of harmful substances.

We are required by our congressional responsibilities to look beyond the confines of the Nation's Capital to view the narcotics problem everywhere in the country, and evaluate the need for appropriate Federal action.

The Northeast, and the New York-Connecticut-New Jersey region in particular, is an area of particular interest in the battle against illegal drugs.

The New York area bears a disproportionately heavy burden from the ravages of narcotics addiction. The need for effective and immediately available treatment facilities is especially acute here. Also urgent is the kind of powerful educational thrust that will prevent many potential addicts from making catastrophic choices in their lives.

The New York area stands out in another way in the national drug scene. It is the chief point of entry and distribution center for heroin smuggled from abroad. With other forms of drug abuse and

trafficking here similar to the patterns in other great metropolitan areas, this area could be seen to have the worst overall drug problem of any place in the world.

While the region is hard hit by the deadly combination of drug abuse and drug trafficking, it is fortunate in having many of the country's leading experts in how to meet the challenge.

We are privileged in welcoming several of these outstanding people among our witnesses today.

The committee will hear first this morning from Joseph Califano, former Secretary of Health, Education, and Welfare and, more importantly, an intensely committed expert on the immense problems of addiction.

Mr. Califano will give us the benefit of his analysis of a new and disturbing report by the General Accounting Office, an investigative arm of Congress, on the results of Federal drug interdiction efforts.

We will hear later today from a number of other distinguished witnesses. Top police officials from the tristate area will tell us about the status of drug trafficking and enforcement in their jurisdictions.

Corrections officials will describe the roles of their institutions in handling the aftermath of drug crime and, we hope, heading off more of the same.

Two leading prosecutors will join us: District Attorney Robert Morgenthau of New York County and Special Narcotics Prosecutor Sterling Johnson of New York.

This afternoon we will turn our attention to the needs of treatment and prevention programs, as described by a number of the truly imaginative thinkers and doers in these fields.

Let me sum up my own view of the crisis we face. The availability of illegal drugs in our society continues to increase despite the billions spent in Federal, State, and local enforcement efforts against the threat.

Either the size of the challenge is beyond all imagining, or something is wrong in the selection of countermeasures or their execution.

Perhaps the choice of battlefield is faulty. We should be fighting more of the war in foreign source countries instead of our streets.

More Americans use these distressingly available drugs despite the growing evidence of their destructive power. Many of the victims wait until too late to seek treatment and rehabilitative help. They become dismal statistics, and our cities suffer from a host of related ailments, including high crime and a sapping of economic vitality.

The New York area is not unique in feeling these effects of the drug blight. It just provides the most shocking examples of what is in store for the Nation-at-large if we all do not heed the warnings that abound.

Before I call Mr. Califano, do any of my committee colleagues have opening comments?

Mr. Gilman.

Mr. GILMAN. Thank you, Mr. Chairman.

Mr. Chairman, I would like to commend you for holding this hearing on the trafficking and abuse of narcotics in our tristate

area of New York, New Jersey, and Connecticut, and I join you in welcoming our distinguished panelists appearing before our committee today.

I want to welcome our colleagues from other areas and commend them for taking the time out of their heavy schedules to come to the metropolitan region for what I consider to be a very important hearing.

As all of you on the panel well know, narcotics trafficking and drug abuse in our Nation and throughout the world have reached epidemic proportions. Hardly a day goes by that drug law enforcement agencies do not report seizures of marihuana, cocaine, heroin, and other dangerous substances by the planeload and by the boatload. Hardly a day goes by that our hospitals do not report a drug overdose.

In 1981, our Federal Drug Enforcement Administration [DEA] reported seizures of 4,353 pounds of cocaine; while a year later, in 1982, our law enforcement agents reported nearly a threefold record seizure of 12,535 pounds of that deadly substance.

In 1979, Federal law enforcement authorities reported seizing 408 pounds of heroin; in 1982, heroin seizures escalated to 606 pounds.

The U.S. Customs Service seized in the John F. Kennedy International Airport and our nearby seaport nearly 53 pounds of heroin during the 6 months from November 1982 through April 1983. During this same period, our customs inspectors seized over 25 pounds of cocaine, confiscating nearly 13 pounds of cocaine on March 17 of this year.

With respect to drug overdose, heroin-related deaths in New York City escalated from 246 in 1979 to an average of 520 in 1981, or to put it another way, Mr. Chairman, heroin-related deaths are taking a daily toll on the citizens of our region.

The number of heroin-related episodes in New York City have escalated from 1,941 reported in 1979 to 4,029 reported by our hospitals in 1981—an increase of 208 percent just within 2 years.

The crime rate for the New York metropolitan community has also increased substantially. Nearly one-quarter or 393 slayings out of the 1,932 homicides in New York were drug related. A total of 160 drug dealers were killed in robberies and 233 slayings resulted from disputes involving drugs.

Mr. Chairman, obviously these statistics in our area are just the tip of the iceberg and represent a microcosm of the tremendous amount of drug trafficking that is occurring throughout our Nation.

Since 1973 when our Drug Enforcement Administration was created and when our "war on drugs" was officially declared, we have heard administration after administration proclaim that we have a Federal strategy to interdict narcotics trafficking, to treat and rehabilitate individuals dependent upon drugs, and a program to educate our citizens as to the dangers of drug abuse, and yet the statistics that I have just mentioned make it abundantly clear that the drug problem in our Nation is getting worse, not better; and that the number of our citizens becoming addicted to drugs is increasing, not, contrary to certain reports, decreasing.

What has been the impact of our Federal strategy at the State and local level? How can we, as legislators, help our frontline troops combat narcotics trafficking and drug abuse?

Hopefully our witnesses can answer these questions, and through the testimony we receive today, we can gain a better understanding of the problems confronting our State and local officials and our community leaders, and hopefully we can develop a program of action that truly effectively combats this insidious drug problem.

I want to thank our witnesses for joining us today. Each panelist has shown a commitment to waging war on the drug problem and I look forward to hearing their thoughts and suggestions as to how our Nation can best combat the drug traffickers and the complex problems associated with drug abuse.

Thank you, Mr. Chairman.

Mr. RANGEL. No Member of Congress has exercised more leadership in fighting the battle against drugs than the chairman of the Judiciary Committee, Pete Rodino. Not only is he one of the earliest creators of this committee, but without his continued support, we would not have had this committee reconstituted.

He is the author of the Rodino amendment, which allows the President to cut off economic and military assistance to any country that does not cooperate with our effort to stop the international flow of drugs.

But more importantly, he has represented people that have been adversely affected by drugs and has a sensitive and realistic approach to the problem.

Chairman Rodino.

Mr. RODINO. Thank you very much.

I have a prepared statement which I am going to ask to submit for the record.

Mr. RANGEL. Without objection.

[The statement of Mr. Rodino follows:]

Opening Statement of the Hon. Peter W. Rodino, Jr.

I commend the Chairman for scheduling this field hearing today to discuss the serious problem of drug abuse in the New York metropolitan area.

The Select Committee has traveled to New York City on several occasions in the past and our visits have been most helpful in that we have received very informative testimony from state and local officials concerning drug enforcement, prevention, and treatment activities in the New York area.

I am particularly pleased that the distinguished Chairman of the Committee has specifically invited representatives from the State of New Jersey and the City of Newark to comment on drug treatment and control efforts in those locations.

I am also pleased that our lead off witness is Joe Califano. In his informative report to Governor Carey last year he did as much as anyone could to dramatize the toll of addiction in New York and to emphasize the need for drastic action. I will be very interested in his updating of his findings, and his analysis of current Federal drug interdiction efforts.

I have long been concerned that the scope and severity of the substance abuse problem in Northern New Jersey has not

received the attention that similar problems have in other areas of the country. It is and always has been a most serious problem in Northern New Jersey and particularly in my own City of Newark. Heroin, speed, quaaludes, and other dangerous drugs are easily available on the streets of Newark. In recent months, we have also witnessed a dramatic increase in the availability of cocaine and heroin supplements such as Doriden and other prescription pills which contain codeine. Illicit drugs have plagued the residents of New Jersey and Newark for years and the situation is steadily worsening.

It is patently clear that our efforts to enforce the drug laws are not producing the results we want. One obvious reason is that Federal and local law enforcement officials are extremely limited in the manpower and resources that can be devoted to combating this serious problem.

This Committee has consistently stressed the importance of enforcement efforts in attacking the drug problem and I continue to firmly believe that international cooperation in reducing the supply of hard drugs is essential. In this regard, I commend the Chairman of this Committee for his recent efforts to strengthen sanctions against countries which fail to cooperate with us in our supply reduction efforts.

While this Committee has stressed the importance of drug enforcement, we have not ignored the urgent need to address the "demand" side of the problem.

For this reason, I am particularly disappointed that the State of New Jersey, over the past two years, has lost over $5 million in Federal funds for the prevention and treatment of substance abuse. I know that my state is now feeling directly the effects of budget cuts for drug abuse treatment, prevention, education, and rehabilitation services.

These cuts are creating waiting lists for drug treatment programs and are making it extremely difficult for successful diversion programs such as Treatment Alternative to Street Crime (TASC) to operate.

The Federal Government must play a decisive leadership role in insuring that there is a proper balance between supply reduction and demand reduction efforts and in doing so, it must insure that critical treatment and prevention services are provided in a timely fashion.

The social costs of drug abuse to this country and to cities, such as New York and Newark, where drug abuse is pandemic, are indeed alarming. I do not believe we can afford to "cut corners" while this problem continues to grow.

As Chairman of the House Judiciary Committee, I have had many occasions to examine the failures of coordination and the ambiguous leadership in the Federal drug enforcement effort, which must necessarily combine the work of a number of agencies whose talents and jurisdiction cover different aspects of the drug threat. I am concerned about the effectiveness of the Drug Enforcement Administration and other arms of the Federal justice system through repeated reorganizations. I will continue to join with my colleagues - on this Committee and in the Congress - in attempting to insure that adequate funding for Federal enforcement and treatment efforts are provided.

I am hopeful that today's hearing will provide the Members of this Committee with a good overview of the status and progress of enforcement and treatment efforts in this metropolitan area and I look forward to the testimony that will be provided.

Mr. RODINO. First I want to again salute you as chairman of this committee for convening this hearing this morning, and for having invited witnesses such as the former Secretary of HEW, Mr. Califano, and others who are directly involved in the every day battle against this problem.

Mr. Chairman, I reviewed the statement of Mr. Califano and I am impressed with the fact that he too feels a sense of frustration at the inability of this Government to cope with this problem.

I have been dealing with this problem ever since I came to the Congress of the United States. In addition every administration, whether Republican or Democrat has also attempted to address this problem. We have heard the same rhetoric, the same concerns expressed for years.

However, it is often difficult to square that rhetoric with action. The problem of drug abuse continued to grow and affect the health of our Nation.

Now, I have heard reference made by you, Mr. Chairman, to the Rodino amendment which you and I labored over and which was introduced as an amendment to the Foreign Assistance Act back some years ago. The purpose of that amendment was to recognize that it is a severe international problem and that you have got to cut off the source. Domestically you have got to apply resources and enforcement, and you have got to deal with the problem of addictions as a disease.

Frankly, I remember the difficult time we had in trying to adopt this amendment. We finally did. But after that amendment was adopted, and notwithstanding the fact that you and I felt satisfied that this would help to do the job, we found—and that is a long time ago—that the problem has increased. The problem is overwhelming. And notwithstanding the fact that we keep hearing another President now say that he has a commission headed by the Vice President that is going to do thus and so, that we are going to employ this, that and the other, nonetheless, very frankly, the rhetoric doesn't square with the reality.

For this reason the witness who we are about to hear is to be applauded. He talks about some of the measures that ought to be taken, because this is a No. 1 health problem and a No. 1 crime problem. He talks about the fact that we ought to have a national institute against addiction.

And then he asks the question: Why don't we really employ the resources that we talk about, instead of concentrating on that beautiful rhetoric and then finding that some of our agencies of Government that are responsible for enforcing the laws, No. 1 that they are underfunded, No. 2 that it becomes a sporadic kind of thing.

Unless this administration and all administrations following it, provides proper leadership in addressing this problem not on a 1-day rhetorical basis, but on a continuing basis, we are not going to put a dent in it. We are going to find that you and I and others are going to be asking the same questions.

As Chairman of the Judiciary Committee, with legislative responsibility, I applaud you.

We are going to help you write that kind of legislation, but hopefully with the agencies of Government and with this administration listening and then acting.

That is my statement, Mr. Chairman.

Mr. RANGEL. Thank you, Mr. Chairman.

Joining us at this hearing is Mel Levine from California, Congressman Solomon Ortiz from Texas, Congressman Gene Chappie from California, Congressman Frank Guarini from the sister State of New Jersey, Jim Scheuer from New York and Sam Hall from the State of Texas.

The Chair will recognize any member at this point who would like to make a statement before we hear from Mr. Califano.

Mr. SCHEUER. Mr. Chairman.

Mr. RANGEL. Mr. Scheuer.

Mr. SCHEUER. I will be very brief, because I know we want to hear the Secretary.

I want to congratulate you for your leadership in organizing these hearings. I want to especially congratulate the chairman of the full committee, Mr. Rodino, for showing the commitment and concern to join us today, and lend the benefit of his enormous prestige and knowledge to this deliberation.

Mr. Secretary, I am sure you get a sense of the utter frustration that has been bedeviling these hearings and every single one of us. Many of us have been in this business of trying to control narcotic drugs for many, many years.

I had my first great lesson in narcotic drugs on a bank overlooking the River Seine in 1970, getting a 3-hour lecture by Jack Cusack, who was then heading up our European and Middle East affairs office of what was then the Federal Bureau of Narcotics and Dangerous Drugs, in Paris. And I have been at it ever since.

I share the sense of frustration that you heard so eloquently expressed by Congressman Rodino. The system seems to be wrong. No matter how much more we seem to provide in the way of resources, we can never seem to devote enough in the way of resources. It is not working.

Nobody seems to think that we are picking up more than 5 to 10 percent of the narcotic drugs that comes into our country. That means that 95 percent is getting in, getting into the arms of our kids in our central cities. Americans are spending $100 billion a year on narcotic drugs. It is our biggest national health problem.

Fifty percent of our violent crime seems drug related. It is poisoning the quality of life in our cities.

We know the business of heroin and cocaine produces such astronomic value that once the poppy flower is off the field, and once the coca plant is off the field, it is almost impossible for our law enforcement system to stand up under the enormous financial pressures.

Our one chance to get at it is eradication of that crop. And we found we could do that. We can do that with Turkey. We did manage to get at the French Connection.

It seems to me that our real target of opportunity is to stop this stuff from getting off the field abroad. We were successful in Mexico.

I would like you, if you can, to take us to the mountaintop and tell us what is wrong with our system, and point us to the place in the whole spectrum, or the few places that should constitute the targets of opportunity, and where we should invest resources to prevent this utter breakdown in our society that is crippling the quality of urban and suburban life in our country.

Take us to the mountaintop and show us how we can improve the system so it is worthy of having more resources put into it.

Thank you very much, Mr. Chairman.

Mr. RANGEL. Thank you.

Mr. Secretary, you are no newcomer to this fight. Certainly recently you have completed a study that preceded the GAO analysis of our losing battle against drug addiction as well as interdiction.

This full committee is really deeply appreciative of the fact that you have demonstrated a continuing interest and your willingness to share that concern with this committee.

Thank you for being with us.

TESTIMONY OF JOSEPH A. CALIFANO, JR., SENIOR PARTNER, WASHINGTON OFFICE, DEWEY, BALLANTINE, BUSHBY, PALMER & WOOD

Mr. CALIFANO. Thank you, Mr. Chairman and members of the committee.

It is a privilege to have the opportunity to testify before you today. All of you are committed and dedicated to trying to do something about the drug problem that plagues our Nation.

Nowhere in American life are public policy and political rhetoric so out of touch with reality as they are in the area of drug abuse.

Every recent administration has huffed and puffed about the drug problem, but last week the General Accounting Office, the nonpartisan, independent investigative arm of the Congress, blew the Federal Government's own house down with a report that convicts it of chaotic failure to fulfill the one clear responsibility it alone bears: the responsibility to keep heroin and other dangerous illegal drugs out of our country.

The Attorney General, and Governor after Governor, deplore our brutally overcrowded prisons and ask our people to put up money to build more. But—almost as through a conspiracy of silence—public officials pass over the single most important fact about bulging prisons: More than half the inmates are there because of addiction to heroin or some other drug.

Scores of prominent judges and lawyers rail about overcrowded criminal dockets choking the court, probation and parole system. But they don't focus on the key cause—the fact that drugs and alcohol are the single most important factor in property and violent crime in these United States.

The national news media—networks, wire services, news magazines and the major newspapers and newspaper chains—prominently reported that one aide to a Senator, a Harvard Law School graduate, was caught buying heroin to feed his drug habit. But it is difficult to find a story about the thousands of inner-city heroin addicts on the streets of Harlem and Bedford-Stuyvesant who kill and maim themselves each day.

Mr. Chairman, I might ask someone on your staff to just pass among the committee members some of these pictures of what happens in the inner cities of this country when an individual is so addicted to heroin that there are no veins left in his arms that can take a needle, and he has to start shooting in his legs, and what happens to the legs and bodies of these individuals. The needle, Mr. Chairman, becomes such a dominating picture in his life that he sticks the needle in his hair or jewelry. It is just incredible. But we rarely if ever see those pictures or see that part of life covered by the national media.

Mr. RANGEL. At this time, the Chair would like to recognize the presence of Congressman Bill Green from New Jersey.

Mr. GREEN. Thank you, Mr. Chairman.

Mr. CALIFANO. Mr. Chairman, continuing. Educators, Presidents, and Presidential candidates rightly complain of the decline of American education and the need for a return to excellence. But how unreal that must sound to school administrators and teachers in urban ghettos, where drugs play such a prominent role in the schools that classroom doors have to be locked to protect teachers from drug addicts, students have to be frisked for drugs and weapons, and police have to patrol the school perimeter to discourage pushers from selling drugs.

You asked me, Mr. Chairman, what has happened since I submitted The 1982 Report on Drug Abuse and Alcoholism to the Gover-

nor of New York State. My testimony is grim: The situation has gotten worse, much worse.

We can never win the battle against heroin, cocaine, and other drugs unless we sharply reduce the flow of such drugs across our borders. Once here, these drugs are dispersed so quickly and in such small units that law enforcement officials have a virtually impossible task.

As last week's General Accounting Office report makes clear, the Federal Government's efforts to date have not succeeded in appreciably reducing the illegal drug supply. Federal officals seize less than 10 percent of the heroin and cocaine destined for the U.S. market. Marihuana is an easier target because it is a bulk commodity, but even there less than 16 percent is stopped at our borders.

Moreover, most individuals arrested in smuggling cases are low-level figures in the international drug networks. And most of them spend less than 1 year in jail—if they wind up in jail at all. The big guys, by and large, aren't even arrested.

All currently available information, including the General Accounting Office report, indicates that illegal drugs keep coming into the United States in greater and greater quantities.

Heroin is more easily available, in more parts of the country, than it was at this time last year. The street-level purity of the drug has climbed sharply, and the price has declined. The supply of cocaine is also plentiful.

In New York, where the records available are probably the most reliable in the country, the key indicators of heroin use are all up. By the end of 1982, figures for emergency room admissions, serum hepatitis B+, and heroin-related arrests were well above the levels of the comparable period in the year before, and dramatically higher than the levels that prevailed in the 1970's.

Deaths attributed to narcotic drugs in New York City have remained above 500 per year, which means that in the year since my report was submitted, more than 500 New Yorkers have died from the ravaging effects of heroin addiction.

In 1982, the number of deaths was 115 percent above the level for 1978 and the highest total we have seen since the early 1970's, when we lacked a medication that now helps to prevent many overdose deaths.

During the second half of 1982, admissions to the heroin detoxification program at the Rikers Island Correctional Facility ran at a higher level than in any comparable time period since 1972. In the first quarter of 1983, admissions were 44 percent above the year-earlier level. Treatment programs continue to operate well above capacity. And lines of people wait for treatment.

The figures for serum hepatitis B+—the type of hepatitis associated with heroin use—are particularly disturbing. In the first quarter of 1983, the number of reported cases was 53 percent above the comparable period in 1982.

Because serum hepatitis is frequently contracted in the first year of intravenous drug use, these figures indicate an upswing in the number of new addicts. And that means the problem is going to get even worse in the years ahead, since new addicts are the ones who spread heroin addiction by chain reaction.

Heroin activity is increasing not only in New York City, but also in the rest of New York State and throughout the country.

With cocaine, the picture is just as discouraging. Emergency room admissions in New York City climbed steeply during 1982, and cocaine dealing and use became more prevalent in the rest of the State.

According to New York State figures, the number of cocaine users in the State has more than tripled in the last 5 years, and the drug is now being used by many people who have had no previous experience with illegal drugs. Across the Nation, cocaine-related admissions to treatment programs have increased 300 percent in just 5 years.

The surge in drug use—in suburban and rural areas, as well as in the inner cities—presents our Nation with an addiction problem of unprecedented proportions.

Drug abuse and addiction spawn crime that terrorizes our citizens, destroys neighborhoods and renders many of our cities' streets unsafe to walk on. Our jails are literally overflowing with inmates who are there because of drugs. Drugs sustain organized crime.

They have turned many of our urban high schools into breeding grounds for lawlessness and violence. The $80 billion illegal drug business corrupts officials at every level of government.

Addiction to drugs is America's No. 1 crime problem.

Addiction is also America's No. 1 health problem. It sends thousands of Americans to hospitals each day. It destroys young lives and shatters the hopes and aspirations of parents and grandparents.

The economic cost of addiction—health care, days away from work, lost productivity—is over $100 billion. The human costs are incalculable.

Drug addiction and abuse have had a nearly catastrophic impact on every segment of our criminal justice system. The odds are overwhelming that an addict or drug abuser who breaks the law will not be arrested. But if arrested, the odds are that the system will not convict and sentence him.

We analyzed what happened to nearly 12,000 New York City arrests for drug offenses, not including those that involved marihuana. The proportion that led to a conviction was just 55 percent, and only 24 percent of those arrested wound up with a prison sentence.

In other words, if you are arrested on nonmarihuana drug charges in New York City, in a State with one of the toughest drug laws in the Nation, the odds that you will escape a prison sentence are better than 3 to 1. And, of course, the odds are 50 or 100 to 1 that you won't be arrested in the first place.

In New York State, almost two-thirds of the prison inmates admitted each year are addicts or drug abusers. At least 20 percent are addicted to heroin. Many others are hooked on cocaine, alcohol, pills or other drugs.

Nearly one-third of 12,000 State prison inmates interviewed in 1979 said they were under the influence of an illegal drug when they committed the crime for which they were serving time.

While the problems grow more pressing, we fall further behind in the areas of research, treatment, interdiction of supply, and do-

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mestic law enforcement. Police and prosecutors, treatment providers, teachers and clergy are even more frustrated and demoralized than they were a year ago.

They have seen a bad situation deteriorate further, and they can't understand why our society is unwilling to do something about it.

The Federal Government has the responsibility and resources to mount a sustained, coordinated counterattack on drug abuse and addiction. Yet instead of increasing its support, the Federal Government has reduced, sometimes drastically, the funds available for many valuable programs throughout the country.

In a letter to the President last month, you pointed out, Mr. Chairman, that Federal support for treatment programs has declined by about 33 percent. Funding for the National Institute on Drug Abuse has been slashed. Vital data collection efforts have been scrapped.

For fiscal year 1982 the administration sought to cut the drug law enforcement budgets of nearly all concerned Federal agencies; the Congress wisely rejected the cuts. For fiscal year 1983 the administration again proposed selected cuts that the Congress is rejecting.

Addiction is not an irresistible force. We can make real progress against it if we have the will to act.

We need a National Institute on Addiction to coordinate research and help us learn how to break addiction's tenacious grip. We have an institute on lung and heart disease, an institute on cancer, we have many health institutes. But the No. 1 health problem in the United States is addiction, and we need to put our efforts together.

We have to invest our money and our minds in new and better treatment programs, especially for the captive populations in our jails and prisons.

We need saturation campaigns to prevent drug abuse, and early intervention programs to help potential abusers at the first signs of trouble.

We need tough penalties for the sale and possession of drugs. To prove we are not just talking a tough game, we have to devote the resources needed to catch, convict and lock up drug offenders.

We have to cut off the flow of illegal drugs at our borders by ensuring better coordination of Federal efforts, as the GAO recommended, and by putting more pressure on the countries from which the drugs come.

It is not enough to have the law on the books. The law has to be enforced and acted upon.

None of us should be under any illusion that we can fight drug addiction and abuse on a shoestring budget. It is going to take time, money and dedicated effort.

The facts demonstrate unmistakably the magnitude of the problem: Addiction is America's No. 1 health problem and its No. 1 crime problem.

The question before us now, Mr. Chairman, is whether we have the courage to face up to that harsh reality—and do something about it.

Thank you, Mr. Chairman.

[Mr. Califano's prepared statement appears on p. 90.]

Mr. RANGEL. Mr. Secretary, I want to thank you for a very powerful statement given to us this morning. You have given, of course, the congressional panel a challenge.

Over half of this panel have been working in the Congress for over a decade in attempting to get the type of priorities which you have set forth in your statement. There is no question that other members of this congressional panel have been fighting this problem locally, at the State level, for many, many, many years.

You have probably more executive experience than this panel combined in terms of telling us what can we do, or what can this Nation can do to have Presidents, Republican and Democrat, to realize the impact of your statement.

You have indicated this morning that drug addicts represent the No. 1 health problem of this country, that drug addicts represent the most serious problem that we have in terms of law enforcement, which means the basis of respect for our institutions.

Since we know that, what can we do to have Secretaries of State realize when they deal with a foreign government that they are dealing with our national security if they don't put containment of opium and cocaine on their agenda?

What can we do to allow our Attorney General to know that national laws cannot be respected unless local and State officials have resources to enforce local and State laws?

Now that you are not a part of the executive team, and have joined with us, as you have over the years, direct us as to what we can do to make certain that our Nation has the courage to face up to the problems that you have given such eloquent testimony to this morning.

Mr. CALIFANO. Mr. Chairman, only the President can really have an impact on the interdiction of drugs coming from overseas. If he tells the Secretary of State, the Secretary of Defense, and the head of the AID program that American dollars and American military equipment and American assistance will no longer be given to countries that permit drugs to be grown and then produced and then shipped out to go into the arms of our American boys and girls, they will do it. If he doesn't tell them, they won't do it.

The reason is that the Secretary of State has problems with every country that are unrelated to their production of drugs. The Secretary of Defense has a lot of other problems.

If the President makes it his top priority, it will become their top priority.

Mr. RODINO. Mr. Chairman, may I at this point interject by stating that what the witness, Mr. Califano, has stated is made so clear by an example that I am going to present.

Several years ago, after viewing this problem and recognizing that there was little attention paid to the so-called Rodino amendment that calls for this kind of cutting off of aid or assistance if a country fails to cooperate with us, I wrote to a Secretary of State inquiring about the status of that amendment and whether or not anything had been done, whether or not he could report to me about the attempts to implement it. I failed to receive a response for months and months and months.

When I did receive a response, finally, after writing again, it was only because I had called more forceful attention, and then it was

directed to another agency, or someone lesser than the Secretary replied to me. And the reply was a nonreply. Which all means to say that from the President there has been no such policy.

I am not talking about just this administration. I am talking about previous administrations.

What Mr. Califano has said is very central to this—if we are talking about interdiction, cutting off the source of supply of this illegal product.

Mr. RANGEL. Mr. Gilman.

Mr. GILMAN. Thank you, Mr. Chairman.

Mr. Califano, you mentioned in your testimony, and we certainly welcome your thoughts, about creating a new national institute of addiction. Why do you recommend a new institute?

How would that improve the work of our present National Institute on Drug Abuse and the National Institute on Alcoholism? Don't we already have proper agencies in place that could and should be doing the job?

Mr. CALIFANO. Well, Mr. Gilman, my view is that the problem of addiction in health terms—and that is what I am talking about when I talk about a national institute of addiction—is dealt with in separate and scattered ways.

We do have a national institute; we have the alcoholism program, we have the drug program, and we have the National Institute of Mental Health. But we lose a tremendous amount by not putting all these efforts in one place. We have to learn what causes a human being to be addicted, whether we can provide pain killers or chemical assistance to avoid addiction.

The health problems that addiction has caused in this country are stunning. There are half a million heroin addicts now in the United States. That is a relatively small number when one considers the people addicted to alcohol, pills, and other drugs. Cigarette addiction in this country has killed more people than all our wars and all the traffic accidents combined.

Mr. GILMAN. Mr. Califano, don't all of these agencies, the Institute on Alcohol Abuse, Mental Health, all come under the Secretary of Health?

Mr. CALIFANO. They do.

Mr. GILMAN. Couldn't the Secretary weave them all together?

Mr. CALIFANO. No. I think they are established by statute, and I think they have to be put together by statute.

I think there has to be one head. And establishing a national institute is also important for another reason. Addiction is a bedeviling problem. It is very difficult to get our best minds, in significant numbers, to work on the problem of addiction.

The way you get brilliant scientists and biomedical people to devote their lives or years and years of their lives to that kind of a problem is to have the Congress and the country indicate that we have a national commitment to solve the problem, that we will provide the funds and the organization to do it.

Cancer is an example. After the Cancer Institute was established, we began to attract some of the finest minds in this country.

Mr. GILMAN. Couldn't it all be done administratively, without any additional legislation and without these musical chairs of shifting one agency to another?

Couldn't we draw from these institutions that are now in place within the Secretary, create an informal task force to work on drug abuse?

Mr. CALIFANO. I think you could informally say I am going to designate Dr. X to direct all our addiction efforts. But the reality of bureaucracy is that with separate institutes established by separate statutes and their own bureaucracies, they are not going to work together nearly as well as they would if the Congress made a decision.

Let me say, we talk here about how we can demonstrate the will to do something. An addiction institute would be a tremendous signal. The war on cancer in this country really started in earnest 12 or 15 years ago when the National Cancer Institute was established, and the funds committed to cancer went from about $10 million a year to $1 billion a year.

We should be spending $1 billion a year on our addiction problem. This is a bigger problem for our society than cancer in terms of health and crime and social systems.

If you just stop and think for a minute—heroin addicts alone commit 40 million property crimes a year in the United States. What does that mean in terms of resources, police, courts, investigations? And that is just heroin. That is not alcohol, that is not the other drugs.

Mr. GILMAN. Many of us have criticized in the past the lack of placing a great deal of priority on a narcotics program at the executive level. While you served as Secretary of Health and Human Services in the Carter administration, did you feel that there was a proper strategy policy group at work, and were you part of that group?

Have you seen any changes in the organizational structure of the present administration to overcome those shortcomings, if there were shortcomings?

Mr. CALIFANO. Well, in terms of the health area alone, I would have to say that I do not think I did enough about drug addiction when I was Secretary of HEW. I had just begun in 1978, 1979, with a program on alcoholism, and we were preparing at that point in time a program to deal with heroin and cocaine.

We did get funds. We did get some good people like Bill Pollin to head the National Institute of Drug Abuse.

In terms of the governmentwide coordinated effort, I would join in what Chairman Rodino said—my sense of it is that it is hard to find any administration that has really done a good job on it. There is no alternative but to say: we are going to crack the drug problem. We are going to stop far more drugs from coming into this country. We are going to move in a massive way.

It's worth considering, you look at what we do with other problems—when inflation gets out of hand, we create a wage and price control czar. We have to put somebody in charge of this effort. Putting the Vice President in charge—assuming he is really given the clout to maneuver—could have an impact. I hope so.

Mr. GILMAN. You support the czar proposal introduced in the last session by our colleague Mr. Hughes of New Jersey.

Mr. CALIFANO. I think there is no question but that we have to have one person in charge of this effort. Until we do, the effort is not going to succeed.

Mr. GILMAN. Just one other question. As the Secretary of Health and Human Services, why were you not pulled into policymaking questions? Why were you not called upon more to get involved in policy on narcotics?

Mr. CALIFANO. I was involved in the health policy aspects of the problem and the broader policy issues. But I would have to say that by and large it did not get the kind of priority it should have received even in the prior administration.

The problem has to be put on the President's agenda, not just for weekly radio broadcasts, if you will, but on his agenda as something he is going to measure. If the President lets it be known he is going to measure the effectiveness of his administration in part on how they deal with the drug problem, then I think his administration is going to respond.

This is not a Republican or Democratic problem. I think we can go back a good many years, and we have not had it on the top of the President's agenda.

Mr. GILMAN. I regret my time has run. I thank you.

Isn't it really part of the Secretary's responsibility to urge the President to make it an agenda item?

Mr. CALIFANO. Absolutely.

Mr. GILMAN. Thank you.

Mr. RANGEL. Chairman Rodino.

Mr. RODINO. Thank you very much, Mr. Chairman.

Mr. Califano, you talk about the will and commitment in your statement. Do you believe that there has been that kind of will, that kind of determination, that kind of commitment on the part of any administration, whether Republican or Democratic, to deal with this monstrous problem?

Mr. CALIFANO. No, Mr. Chairman, I have to say that I do not think we have yet demonstrated that we have the will to deal with this problem, that any administration has demonstrated that.

Mr. RODINO. Knowing the magnitude of it, the terrible consequences, can you suggest any answer why? Every once in a while we hear the rhetoric that seems to suggest that there is an understanding. But then again we become apathetic. Do you know why?

Mr. CALIFANO. There are probably a lot of "whys." I don't know them all. One is, as I said, that we have not managed to get it on the President's agenda, which is the critical agenda for the executive branch, and it certainly deserves to be there.

Second, I think hearings like this are important. Take the prison problem in the United States and stop and think of the fact that more than half the people in Federal penitentiaries and State prisons are addicts—they are addicted to drugs when they walk in. Yet we have virtually no programs to deal with what you rightly characterize as the disease of addiction in those prisons.

New York State has programs in only one or two prisons that really deal with drug addiction—one over here on Staten Island that is very good. What happens? We don't do anything to deal with the problem that put that poor guy in there. So it is no

wonder the prisons are overcrowded. We all know how hard it is to get a dollar to spend on somebody in prison.

Third, there is a perception problem. When people think of drugs, they think of heroin, and when they think of heroin they think it is somewhere else—"It's not in my neighborhood"—in the suburbs, out on the farm. But it is getting there, and the Congressmen in this area know how fast it is spreading. Most people think of it as some isolated pocket on the Lower East Side, or some sections of Harlem, and it just won't come to them. But it is coming to everybody.

Mr. RODINO. Mr. Califano, don't you believe that it becomes essential, as Mr. Gilman has pointed out, that there is a central resting place in the White House, under the President, whether you call it a czar or whatever, in order to demonstrate that this subject requires all this attention. Do you feel that there is this need to set up some individual who will, acting for the President, be able to implement those policies.

Mr. CALIFANO. Absolutely, Mr. Chairman.

Mr. RODINO. Don't you think, too, that it is related and intertwined with our foreign policy? Because I find—and I have found over the period that I have served in the Congress, that while there was a recognition and wanting to go forward with some of our programs to interdict, yet every once in a while we would have to say go slowly, because the State Department would find it is all of a sudden in some kind of a situation where you were rocking the boat.

Mr. CALIFANO. Absolutely. And let me remind you sir, of another story you may have forgotten. In the late 1960's, you and others brought to President Johnson's attention this kind of a tool, and he went after the Turkish Government—and for at least a brief period of time, that last year in office, we had an impact on what the Turkish Government did about opium production in Turkey. So it can work.

Mr. RODINO. I just want to commend you, Mr. Califano, for the excellent statement, and again for placing your finger on what is really the crux of the problem: that is, that we do need that kind of commitment, and I think that commitment that will employ all of our resources—while we may be using resources now, there is not that commitment to really address the problem in such a way as to say, look, we have got to do it on a continuing basis, employ the best minds, employ whatever funding is necessary, and recognize it as a national problem, not just as a local or a State problem.

Thank you.

Mr. RANGEL. Mr. Ortiz from Texas.

Mr. ORTIZ. Thank you, Mr. Chairman.

Mr. Secretary, at what age would you begin an educational program for young people? I understand that teachers try to do their best. The children are young. They are taught to salute the flag to make them better citizens. What is the right age to begin to teach them that it is not worth it to play around with drugs?

Mr. CALIFANO. I think you have to do it in elementary school. I am not an educator, but our thoughts in that area, when I was working on health promotion programs, was that you would start no later than the fifth grade.

Mr. ORTIZ. Would you think——

Mr. CALIFANO. That is about 10 years old.

Mr. ORTIZ. In the district where I come from, I know that there are young kids, 11 and 12 years of age, who are already addicted. Would it be helpful to begin earlier than that?

Mr. CALIFANO. I think you could begin even earlier than that. I said no later than essentially 10 years old, the fifth grade. But you can begin earlier. The children are exposed to it. We forget how exposed they are to drugs, just in our culture. If you just look on television, and the world of pain-killers, or look in magazines, and the ads they see, or the music they listen to—it is very important to educate them very young.

We know by analogy, Mr. Ortiz, that these programs work. The analogy I would use is that when we were running the antismoking campaigns, we took elementary schools and high schools in the same neighborhoods, and we put a program in one and not in the other one, and we had dramatic differences in the number of students in each grade level who smoked cigarettes.

So these programs work. They also work very well if you employ peers—sending high school students to the elementary schools to help teach the kids in the elementary school about the drug problem.

Mr. ORTIZ. Your statement was great. I just hope people can understand the seriousness of the problem. We talk about trying to stop drugs coming in from the different countries; however, it goes back to the law of supply and demand. Are we seeing more drugs being produced and manufactured in the United States than before?

Mr. CALIFANO. Well, there will be others testifying today that can give you information about where the drugs are being put together. There are more drugs in the United States than there were before. It is still a phenomenally profitable business.

Mr. ORTIZ. Thank you, Mr. Secretary, very much.

Mr. RANGEL. Mr. Scheuer, a coauthor, and certainly a national leader in connection with this problem we are dealing with, will question the witness.

Mr. SCHEUER. Mr. Chairman, I see our distinguished Manhattan D.A., Bob Morgenthau, in the room. So I am just going to ask one question.

I want to thank the Secretary for his brilliant testimony.

One question. We are looking at a basically failing system. I think we share your view that this is a dismal picture.

If you had to make one, or at the most, two basic changes, structural changes, that might promise a quantum jump in progress, what would they be?

Mr. CALIFANO. There are others, like Mr. Johnson and Mr. Morgenthau, who can perhaps answer that question better than I can. I would do two things we have discussed so far. One, I would convince the President that he has to put one person in charge and say you are charged with bearing a Federal responsibility for this drug problem, That should have an impact.

Second, in the long run I honestly do believe that the research side of it is critical. We have to see what addiction really means, as you have seen and others on this panel. We have got to have a na-

tional institute on addiction and recognize that the problem deserves that kind of commitment, because the problem is intellectually and scientifically so hard. We have got to convince people that we will stick with them if they devote their lives to research in the area. Those are the two things.

Mr. SCHEUER. Thank you, Mr. Chairman.

Mr. RANGEL. The Chair now recognizes Congressman Sam Hall, a loyal member of the Judiciary Committee, but he also brings to this committee the expertise of some of the serious problems that affect this in Texas.

Mr. HALL. Thank you, Mr. Chairman.

Mr. Califano, this statement of yours today is a powerful indictment of the system, and I appreciate you giving it to us. I agree with everything you say. I have had an opportunity in the past few years, living in the Texas area, to see border crossings, talk to some judges on the Fifth Circuit Court of Appeals in the New Orleans area who state that a vast majority of the criminal cases that they have anything to do with, you can trace the source back to Colombia.

We have had testimony before this committee of men from Colombia who indicate they are doing a great deal toward trying to stop it at the source. I have some question about their credibility, because this is a tremendous cash product in that area, and they are having economic problems. I think that has a lot to do with the source being too prolific from that country.

One area I want to touch on is a year and a half ago our Immigration Subcommittee went to Thailand. We saw people coming across the border from that Golden Triangle, Laos and that area, coming into those areas seeking refuge as refugees, so-called, and many of those people were in a very deplorable state. You could look at them and tell the physical condition they were in.

Yet, after only a short period of time there, a lot of those people were, through the processing camps, on the way to the United States—not as rapidly as I may have indicated here. But I gained the impression at those camps—we saw some 200,000, 300,000 people in a space of 5 days who were just converging on those areas to get out of Vietnam and Laos, Cambodia, and the like.

I don't think there is enough control over the people that are coming into this country from Southeast Asia. I don't think there is enough control of the type person who is coming over here, and do you not think it is possible that many of the source areas are—source countries are placing people into this country in order to bring product from that area into the United States?

Mr. CALIFANO. I think they may well be doing that. I am not an expert in that area. I think there are law enforcement people who could give you a better answer. But I think that could well be happening, Mr. Hall.

Mr. HALL. The border patrol—we have had studies made recently, and the chairman of the Judiciary Committee, Mr. Rodino, is very active in this—we have one border patrolman every 13 miles between Mexico and the United States, and all the border patrol people tell you it is impossible to try to control your borders with only one man to that area.

Do you not think that if we could get control of the borders between Texas, or the United States and Mexico, by placing more people, using more of the sophisticated equipment that we have, that the customs people have to catch illegal aliens who may be coming over, do you not think that that might play a part in trying to get back to the source areas?

Mr. CALIFANO. I think there is no question that that is likely to play a significant part in getting at the source areas.

Mr. HALL. I appreciate what you have said here today. I would like to get the President to recognize this, I think this is going to have to get into a Cabinet position. I think it is going to have to be that important an area to start from, and as you say, as long as we can trace this back to a country, we should immediately stop all foreign aid to that country until they decide to act as they should.

I appreciate very much your very fine statement here today.

Mr. CALIFANO. Thank you very much, Mr. Hall.

Mr. RANGEL. From the Los Angeles area, the west coast, Congressman Mel Levine.

Mr. LEVINE. Thank you, Mr. Chairman. I would like to join with my other colleagues in commending you on calling this hearing, and on complimenting Mr. Califano for his fine statement.

Mr. Califano, one of the statements that you made was that the big guys, by and large, are not even arrested. Do you have some thoughts in terms of the allocation of resources and the manner in which we are dealing with this problem as to how we would reverse that and go after the big guys?

Mr. CALIFANO. I am not a law enforcement officer, and you have some fine experts in that area testifying here today. But I come back to the basic point that we have to make this our top priority. You can certainly get the big guys if you make it an important enough deal. Governor Dewey proved that in this State when he was in the law enforcement business. I just think we have to put it at the top of our priorities.

Mr. LEVINE. These other questions, which are along similar lines, might be better addressed to the law enforcement officials. But as long as they were mentioned in your statement, I would like to raise them with you.

You talked about a variety of drugs and included marihuana. You did make some distinctions in terms of arrest records and things of that nature, separating out marihuana arrests from non-marihuana arrests. You also talked in terms of possession as well as sale.

One of the things I have been thinking about is the extent to which resources should be devoted (a) to marihuana, as opposed to some of these other areas, and (b) to possession in terms of sale and manufacture, if we are attempting to refocus our efforts at getting at some of the big guys, as you put it.

Mr. CALIFANO. Well, I think by and large you will find that most prosecutors devote very little time or resources to cases involving possession of small amounts of marihuana. Their resources are devoted to harder drugs and to larger quantities of marihuana.

Mr. LEVINE. The other area that concerns me—and again this is probably more appropriately directed to law enforcement officials, but I would like to raise it with you as well—is this: I represent a

coastal district in southern California which includes the Los Angeles International Airport, Marina Del Ray—a number of potential points of entry.

In my meetings with law enforcement officials in my community, I am convinced there is a severe problem. It could appropriately be called a crisis in terms of the importation of dangerous drugs into the southern California area through my own district—in the airport and some of these coastal ports.

Do you have some specific suggestions other than the ones you already mentioned in terms of improving interdiction activities in areas such as the one I represent?

Mr. CALIFANO. The reason why the legislation that Chairman Rodino and Chairman Rangel talked about is so important, is because it is so hard to interdict at an airport. We learned in the course of our study that people come into Kennedy Airport—and I am sure this happens also at Los Angeles Airport—and they will take a surgical glove, fill it with heroin, tie it, swallow it, and be paid $5,000 or $10,000 for that flight, arrive here, get in a taxicab, throw it up and deliver it. They don't seem to care that if that surgical glove breaks in their stomach, they are dead. There is so much money in it.

So the closer we can get to the source, the better off we are going to be.

Mr. LEVINE. Are there any appropriate efforts that ought to be improved in the airport in the interdiction area, or are we doing all we can in that area?

Mr. CALIFANO. I think there, Mr. Levine, you will have witnesses better equipped than I am to answer that question.

Mr. LEVINE. Thank you.

Mr. RANGEL. From our sister State, New Jersey, a fellow member of the Ways and Means Committee, Frank Guarini.

Mr. GUARINI. Thank you, Mr. Chairman. I join everyone in applauding you and your call for a national strategy. Also asking for a clearer definition of our efforts on narcotic abuse.

One of the basic questions, how do we get the President of the United States to act and make this a top national priority. You have been in government a long time. All of us here have been, too. What mechanics or what implementation, what can we do to really bring this to the attention, other than these hearings which gain national focus, to get the President to make this a top priority?

Mr. CALIFANO. I think one is the legislation that would create the so-called czar to deal with drug problems, forcing the President to deal with that legislation head on, which I think——

Mr. GUARINI. Unless I am mistaken, I think the President, when he first came to office, said the way to attack the narcotic abuse problem is by education. Of course, many of us felt that is too simple a quick fix.

Mr. RODINO. If the gentleman would yield. You mentioned the czar, and Mr. Califano was talking about the czar. That was in legislation that was passed by the last Congress, but vetoed by the President.

Mr. GUARINI. It was in another bill, or was in addition to other legislation, and he did veto it.

Mr. CALIFANO. I think education is very important. It does take some resources to do that. Comparatively speaking, they are not big resources. And it is education in schools and for schoolchildren at relatively young ages. Education on drugs should be part of a health promotion program in every school in this country, and it ought to begin no later than the fifth grade, and it does have an impact.

But that still doesn't solve the problem of the people that are now out there and dealing with them.

Mr. GUARINI. I agree with you that there is a need for a czar and I voted for that. We have a Special Trade Representative that has the direct ear of the President on trade matters. If we had something like that at the Cabinet level where he would have a direct ear of the President on narcotics use and abuse, then we would have an opportunity of pinpointing the responsibility on an individual, and still have an approach to the ear of the President, which is very important in trying to get this accomplished.

One other consideration I have is how do you rate the cooperation that exists between the local, State, and Federal authorities? The President would have sway over the Federal authorities and programs could be so structured that money goes down to the local levels. But is there at the present time a great deal of fragmentation of jurisdiction and lack of cooperation between all these different levels?

Mr. CALIFANO. I think, again, others can deal with that from their day-to-day experience. I would say by and large the resources are not coming from the Federal Government that should be coming. In that sense the Federal Government is undermining and subverting local law enforcement efforts.

Changes have to be made, and again you have the problem of how do you get the President's attention. Chairman Rangel has written a letter to the President on the subject of the reductions in Federal resources and what it means. I think you will probably get some testimony on what a terrible impact that has in this area.

Mr. GUARINI. By national effort we mean one person who would be responsible for the totality of putting together an integrated program, State, local, and Federal.

Mr. CALIFANO. Absolutely, and the importance of doing it by legislation, even though a good part of it can be done by Executive order, is that the Congress has legislated the existence of these other independent agencies. You cannot underestimate the importance of an act of Congress saying, this person is responsible to execute this law and to put together the people that are responsible for executing these other laws.

Mr. GUARINI. I just want to point out for the record, the customs budget has been cut back from 1981 to 1982 and 1983. It is just unfortunate we expect to be able to attempt drug interdiction when we give everyone a smaller weapon or a smaller budget to the customs people who are responsible for the interception of narcotics.

We seem to be going in the wrong direction. Much has to be done, not only in getting cooperation, but in putting more money into the field to be able to lick the problem.

Thank you.

Mr. RANGEL. Congressman Ed Towns from New York.

Mr. TOWNS. Thank you, Mr. Chairman.

Mr. RANGEL. Excuse me. I want to recognize—he indicated he didn't want to ask questions—but I did want to recognize first Mr. Chappie from California.

Mr. CHAPPIE. Thank you, Mr. Chairman.

I would like to associate myself with yours and Chairman Rodino's remarks in terms of your testimony, Mr. Califano. It is well done.

Mr. TOWNS. Thank you, Mr. Chairman. I also would like to join the other Members of the House in saying it is a powerful statement you have made, Mr. Califano. I think we are in a difficult period in this country, and something needs to be done very quickly.

I would like to ask a question in another area. I also support the czar. I think we need somebody at a Cabinet level to coordinate the activity. Do you think this would solve the problem going on at the treatment level, where you have methadone maintenance and all the various treatment programs sort of fighting each other and spending a lot of money sort of saying, "I am the best treatment, I am the best program"? Do you feel this kind of coordination would begin to eliminate those kinds of problems?

Mr. CALIFANO. I think it depends on what you charge the czar with. The fact is we don't know well enough how to treat heroin addiction. We need a tremendous amount of research on why people are addicted and how you break them of the habit once they are addicted. We don't know enough about it.

I noticed in the newspaper this morning, in "USA Today," a report on methadone use, indicating—the chairman is nodding; I guess he saw the same report—if you just look at that, a 1-year study of the Government's promotion of methadone indicated that it has cost at least 4,417 lives across the United States, people who have died, users, thrill-seekers, people using methadone as a drug as well as a cure. So I don't think we know the answer yet.

Until Congress and our country indicates that addiction is a No. 1 health problem, until we create an institute to deal with this problem of addiction, we are not going to make the kind of progress we should. There are thousands of dedicated people out there in the treatment area. But they need help, new tools, research.

I would say one other thing about treatment. The place where we have the largest single captive audience of addicts and drug abusers is in prison. We have scores of thousands of people in American prisons who are addicts and drug abusers, and we hardly do anything to deal with the underlying problem. They didn't steal the radio or the television set or the automobile, they didn't beat somebody up because they were healthy and walking down the street.

They were addicted, or they were under the influence of some drug or alcohol at the time. Not to use the time we have them in there is a terrible waste, in my mind. We should have treatment programs in every State, and large, significant, sophisticated treatment programs in every State penitentiary and Federal penitentiary in this country.

Mr. TOWNS. I think you are saying you support a comprehensive approach in terms of the problem.

Congressman Ortiz pointed out he thought education was important. I think education is very important also. But I also see something else. In the school system in particular, many schools throughout this Nation, people will not admit there is a drug problem in the schools. Do you think this kind of coordination would require them to open up?

Mr. CALIFANO. I think it will. It is interesting that you mention that, because when we did the study in New York State, Cardinal Cooke was starting his program for the parochial schools on drug abuse. We talked to some of the priests that were running that program in the beginning, and one of the most difficult problems they had was that the parents would not accept the fact that there even was a drug problem in the school their kids were attending. This is something that teachers and counselors have got to get across to parents. I think you put your finger on a very important piece of the problem.

Mr. TOWNS. Thank you very much, Mr. Califano.

Mr. RANGEL. The Chair will recognize Bill Green. Though not an actual member of this Select Committee on Narcotics, he certainly is an active member of the Congress in fighting drug abuse.

Mr. GREEN. Thank you very much, Mr. Chairman.

I am happy to join everyone else in welcoming Secretary Califano. I had the privilege to testify before him when he was conducting hearings. I was also appreciative of his remarks you cannot talk about the drug problem as being an isolated pocket on the Lower East Side. That pocket on the Lower East Side happens to be in my district.

I urge the members to go there during their break today, and see the cars pulling in with Connecticut and New Jersey license plates to make their buys from people standing openly on the street making sales. It certainly is a problem that is spreading very rapidly.

But I guess after almost two decades of being exposed to the problem in one form or another, I am very frustrated. I started thinking about the problem seriously in 1965 when I was in the State legislature, and Governor Rockefeller was willing to put his reputation on the line. He did so first that year with his mandatory treatment program, and then some years later with his mandatory sentencing program.

At the time they were the two toughest efforts in the country to try to deal with the problem. We know despite his commitment, they fell flat on their face.

We know that in most of the treatment programs the recidivism point is very high. Only highly motivated people seem to be able to be cured. Certainly the experience in Lexington, Ky., when you had mandatory prison treatment of addicts, was not encouraging in terms of the results.

We know that much of the heroin or the raw material originates in places like Afghanistan and Iran, where we have very little control and very little ability through foreign policy in cutting off aid to interdict anything. I guess you made the analogy of the war on cancer. It is a dozen years since the war was declared. We are spending $1 billion a year. We have made some progress both in terms of science and treatment, but we are a long way from having

cured cancer. What reason could we have to think that naming a czar is going to solve this problem.

I think there is no question we will be better off if one person is put in charge of this program.

It is a different kind of problem, but let me use this as an example of what I think a President can do.

In 1960, one might have said that the race problem in this country and the civil rights problem was hopeless, that we had gone 50 years since the Civil War, 60 years, 70 years, and we had not been able to do anything about it. The President said, I want that to be one of the centerpieces of my Presidency, I am going to crack that nut, and I think he did crack that nut.

There was a revolution in this country. That kind of thing can happen when a President says, this is something I am going to do, I am going to deal with it, as Ronald Reagan said, "I am going to deal with inflation; a lot of other things are going to fall by the wayside, but I am willing to accept some pain."

The reason why it is so hard to get researchers in the addiction area is that they don't have any sense that if they commit 10 years of their life to this difficult problem that the National Government will stay with them, will provide the resources for them. We have good people in cancer research because they know there is a commitment.

If the President were to say addiction is our No. 1 health problem and our No. 1 crime problem, and I am going to give it the same priority I have given to stopping inflation, I think you would see plenty happen. That is my own personal view. Any President. It is not a partisan problem, as the chairman has indicated.

Mr. RANGEL. Mr. Califano, on behalf of the whole committee, and indeed the Congress and people of the United States, we want to thank you for the contribution you have made to our Nation over the years.

Your powerful message has been received by this committee, and we are going to move forward to see whether or not on the executive level we can either get the President to establish this as a domestic and foreign policy priority or to get the Congress to move, again, as Chairman Rodino pointed out, to create this type of office.

I will ask you, again on behalf of this committee, and it is a problem of those that serve as well as you do to always be asked to do more, to suggest to us a group of people that have served our Nation in this area that we can pull together in a type of brain trust, a trust that can assist this committee in trying not to be more in the same road, year after year after year, the type of people that you have access to because of your professionalism and your long years of experience.

Perhaps if we can bring these types of law enforcement people, medical people, together, in a way that could demonstrate to the President, his Cabinet, and the rest of the Nation, that this committee means business, it might be just another forum that we will have to tackle the problem.

On behalf of the full committee we appreciate the time you have spent in preparing for this hearing and sharing your thoughts with us.

Mr. CALIFANO. Thank you very much, Mr. Chairman. It has been a privilege to testify here today.

Mr. RANGEL. The Chair now would call on the panel of experts that we have here, prosecution and correction officers, headed of course by Robert M. Morgenthau, former U.S. attorney for the southern district, as well as the district attorney for New York County, Sterling Johnson, former police officer, former assistant U.S. attorney and special narcotics prosecutor, city of New York, Martin Horn, deputy commissioner of correctional services, State of New York, and Benjamin Ward, who has served in a variety of capacities in public service and now serves as the commissioner of corrections, city of New York.

The Chair notes the presence of Federal Judge James Watson, who graces us with his presence here, a person with wide experience in this and other matters. We appreciate the fact that he has taken the time to visit with us.

He should feel free to join with us if his time permits.

Because of the large number of members that are in attendance today, we have a time problem. The Chair is going to have to ask the members to try to stay to the 5-minute rule.

In addition to that, Bob Morgenthau has rearranged his schedule to be with us. But it is my understanding that you still have to be out of here early. So it was the original intention of the Chair to have all of the panelists testify before we asked the members to inquire. But in view of the time problems the district attorney has, I will take your testimony and ask the members to inquire and then ask the other panelists whether or not this would be agreeable to them.

Hearing no objections, with unanimous consent, Mr. Morgenthau, we know you have been a national fighter over the years. We are concerned as to the impact of the Federal policy or lack of it, both nationally, internationally, as it relates to your office. Of course we then will be asking from the special prosecutor's office. Then we want to know the impact it has on our prisons, which we refer to in a courteous way, as your correctional services. Whether they correct or not is another issue we will not be dealing with.

As Secretary Califano pointed out, so many of your constituencies and your clients as a result of a Federal policy as relates to drugs, it would help us for you to point out how this has affected your job and what suggestions you have.

Mr. Morgenthau.

TESTIMONY OF ROBERT M. MORGENTHAU, DISTRICT ATTORNEY, NEW YORK COUNTY; STERLING JOHNSON, JR., SPECIAL NARCOTICS PROSECUTOR, CITY OF NEW YORK

Mr. MORGENTHAU. Chairman Rangel, Chairman Rodino, members of the committee, we are tremendously pleased that you have taken time out from your very heavy schedule in Washington to come here to New York to consider what we think is the No. 1 crime problem in this city and throughout the country, and it is also the number one urban problem, because you cannot rebuild your cities, have strong cities, as long as you are going to have crime at the present level that we find today.

Mr. RANGEL. If you would suspend for 1 minute, I see Mr. Daniels back there. Can you hear the witness in the back, because we are having problems with the mikes generally.

You may proceed, Mr. Morgenthau.

Mr. MORGENTHAU. Sterling Johnson, the special narcotics prosecutor for the city of New York, and I have prepared a joint statement which has been distributed, so I am not going to read that statement. I am going to emphasize what I think are the important points.

Mr. RANGEL. If there is no objection from the committee, that entire statement will be placed in the record. You may proceed to highlight it.

Mr. MORGENTHAU. I have been testifying before congressional committees as the district attorney of New York County since 1975, pointing out the serious heroin problem we have here in New York and the other drug problems. I am sorry to report that the situation this year is far more serious than it has ever been before.

Every indicator that we have—overdose deaths, hospital emergency room episodes, and so on, have greatly increased in the last, particularly in the last 4 years. I think we have seen a very rapid deterioration in the situation since 1979. In addition, we are now seeing the AIDS problem.

As of April of 1983 there had been 647 cases of AIDS reported in New York City, and 30 percent of those afflicted were or had been intravenous drug users.

As far as the prisons, 57 percent of the prisoners in our correctional facilities have prior drug arrests. So that——

Mr. RANGEL. What was that percentage?

Mr. MORGENTHAU. Fifty-seven percent. You look at the different categories, robberies, burglaries, over 50 percent of the robberies and burglaries are committed by drug abusers. So the problem of drugs, prisons, overcrowding, all are a single problem.

Now, New York City has greatly increased its commitment to the drug fight. In 1982 there were 2,700 indictments by Mr. Johnson's office compared with 1,200 in 1980. But even that effort—and that is a very significant effort—is not properly and adequately dealing with the problem.

The Federal effort during these last 5 years is less than it was before and totally out of balance, out of whack, with the tremendous significance of the problem we are facing.

I think you gentlemen understand this, but I just want to emphasize it. The Federal Government under the Constitution is responsible for domestic tranquility. That is a mandate under the Constitution. These drugs are coming in from Southeast Asia and Southwest Asia and from South America. But if we look at heroin, it is Southwest or Southeast Asia, from Pakistan, from Afghanistan, from the northwest frontier of Pakistan, from Iran.

And very significant amounts are now coming in through Syria and the Bekaa Valley, heroin is the largest single export of Lebanon. Out of their $3 billion worth of exports, $2½ billion are drug-related money. The Bekaa is the single largest source of hashish coming into this country. They are also growing opium poppies there. They also have laboratories there. Heroin from the Bekaa has been found as far west as Detroit.

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I mention this to show you this is a national and international problem and one that cannot be dealt with by local law enforcement. This is as though the Army Corps of Engineers said to people along the Mississippi, "We cannot deal with the flooding of the Mississippi, you have to deal with it, get out there with mops and mop up the water."

That is what we are trying to do here in New York City. We are trying to mop up the flow of heroin and cocaine that is coming in from overseas and coming in over borders over which the Federal Government has the responsibility to police and maintain.

I don't want to denigrate the good faith and the hard work of the Federal law enforcement people who are doing the very best they can with the limited resources they have. But I submit to you, Mr. Chairman, that we have a Corporal's Guard working on the drug problem in New York City, as far as the Federal Establishment is concerned.

It seems to me a Federal Government that can come up with $350 million to recommission the New Jersey and another $350 million to recommission the Iowa—and I am not saying that is not necessary—I am saying a government that can come up with that kind of money has not been able to spare a dime to support the special narcotics prosecutor, not a dime.

Now, 5 years ago that office got $2½ million. It is not a lot of money, but that was a significant amount of money. That is more than the special narcotics prosecutor's entire budget today. There is not a dime of Federal money coming in to support local law enforcement. I am talking in terms of dollars.

When you served in the U.S. attorney's office back in the 1960's, Mr. Chairman, one-third of our cases were narcotic cases and we were trying and indicting twice as many people as there are today.

Now it is about 10 percent of their caseload. I don't know the precise numbers, but I am sure it is well under 100 cases a year compared to 2,700 indictments filed by the special narcotics prosecutor.

If we are going to deal with this heroin problem, there has got to be a very significant commitment of Federal resources, and that means not only enlarging Federal manpower, but it also in my view means giving support for local law enforcement, and I am talking about dollars so that they can expand their effort.

Now we have a Federal judge here in New York who has kept our house of detention in Manhattan closed for the last 10 years. He has also set a limit in the number of people that could be held in detention in city facilities. But the reason, the major reason for that overcrowding is narcotics. That is the major reason. You have a Federal judge on the one hand saying you have a ceiling, if you go over that ceiling you have to release your prisoners.

On the other hand, we have a Federal Government saying we are not going to give you a dime to help you with your problem of crime, your problem of prison overcrowding.

So that I think that there are obviously lots of things we could do in terms of education and treatment, all of which are extremely important. But I think unless we get at the key issue, law enforcement, and give it the kind of support for which the Federal Government has a mandate, I say under the Constitution it is not op-

tional, it is a mandate, the Federal Government has a mandate to deal with this drug problem which is destroying the cities and destroying our young people.

If you want to look at the armed services, I think we all know that drug abuse in the armed services is a major problem. But when you have young people growing up in the environment they are growing up in today, not only in New York but all over the country, I don't think we should be surprised that when they get in the armed services they become drug abusers. So it is undermining the strength of our armed services every bit as much as the threat that we are having from overseas.

So if we want this country to be strong and secure, I think we have to start at home and make the kind of commitment to dealing with the drug problem that is required, and we just plain are not doing that. I don't think there is any point at this time in mincing any words. I have got to say, this is not a partisan political issue.

I think, Mr. Chairman, as you know, we tried very hard with the previous administration to get an increased commitment and we failed. I don't think this is a political issue. It is a national issue, and I think Republicans and Democrats alike have to focus on the problem and put the kinds of resources, both manpower and dollars, in an effort to combat what is the No. 1 issue and problem in this country.

I can tell you it is not only a problem in the big cities. Look at the drug customers we are getting here. They are from New Jersey, from Connecticut, from upstate New York, and the heroin that is bought in Chicago has probably come through New York, Detroit, Philadelphia, Baltimore, you name it. Ninety percent of that has come through the Port of New York. So it is not just a New York City problem.

It is not a black problem.

It is not a minority problem.

It is a national problem.

I hope that out of the work that this committee is doing and the effort that I know you are going to put into it we are going to see a real commitment now by the Federal Government to do something about the drug problem in the United States.

Thank you, Mr. Chairman.

[The prepared statement of Mr. Morgenthau appears on p. 94.]

Mr. RANGEL. Mr. Morgenthau, because you are district attorney and a lawyer, I don't know, what you are saying is we will be joining forces in searching for a commitment. I think your testimony makes it abundantly clear you don't see this as a local and State problem, but basically a national, indeed an international problem, and that we can only deal with it when that priority is given to this issue.

Agreeing with you in having pointed that out, I ask you, I assume this view is shared by most district attorneys.

Mr. MORGENTHAU. I think it is; I think so.

Mr. RANGEL. And because most of our district attorneys are elected, that is they have their constituencies rather than being restricted by public officers who are appointed, why does it appear, at least to this member, that your voice is being heard in almost the silence of your colleagues that are involved in law enforcement?

Mr. MORGENTHAU. Well, it is perhaps symptomatic of the entire drug problem, and that is that you talk and nobody really pays that much attention. We certainly have been talking about it in this State. I think a lot of people view this as a hopeless situation and they don't want to grab the nettle because they think they are going to fail.

For that reason, when you do talk about it, you just don't get the kind of public attention that it deserves. That is why I am pleased that you are here and that you are providing a forum so that hopefully we will get some attention on it today.

Mr. RANGEL. I am trying to get partnerships out of all the witnesses. I do hope that you might be able to identify to us the National Association of District Attorneys that perhaps because of their collective force that they might be able to join you in this battle, to admit that they are unable to effectively carry out their sworn responsibility when the courts are swollen with defendants that are charged with drug-related crimes.

You are going even further in saying, I think, that, notwithstanding the thousands of indictments that occur, that many more could occur if you had enlarged resources. And of course because, as we all are aware, we are not even getting involved in the conviction or caliber of criminal we are dealing with.

There are other issues our communities are concerned with that district attorneys don't have the opportunity or resources to deal with as a result of their obsession with drug-related indictments and prosecutions.

We join with you in wanting you to deal with local and State problems as we are elected to provide answers to domestic and international problems.

I do hope that you can see your way clear to identify the leadership of the National District Attorneys Association, to tell them that this committee would want to work with them, that we need their help in bringing the plights of local and State enforcement officials, to the attention of the President, to the administration.

I know I can depend on you now to lend us that type of assistance so that at least when this committee concludes its 2 years of work we are able to say, if we did not win, we certainly have brought in everybody that is concerned with the problem.

I know that you have a time problem. I will ask the members to consider that as they start their inquiries.

Mr. Gilman.

Mr. GILMAN. Thank you, Mr. Chairman. I will try to get right to the point.

We welcome you for all of the work you have been doing in this area, along with Sterling Johnson. We recognize how difficult the problem has been.

Can you tell us what your budget is for narcotics prosecutions?

Mr. MORGENTHAU. Mr. Johnson, as the special narcotics prosecutor, has a budget of about $3 million. The various district attorneys also have narcotics bureaus. In our narcotics bureau we spend $700,000 to $800,000, also additional personnel are then assigned to work with Mr. Johnson's office, and I would assume the other major counties spend something like that amount also.

Mr. GILMAN. Has New York City increased its budgeting for the narcotics prosecutions since the number of prosecutions have increased?

Mr. MORGENTHAU. It has. There was a special unit set up to deal with the Lower East Side problem. That was an appropriation of a couple of hundred thousand dollars. This year the city council put up money for an additional project up in Harlem, about a similar amount. But two-thirds of the budget for the special narcotics prosecutor comes from the State and only one-third from the city. I quite frankly think the city should be doing more.

Mr. GILMAN. Have you had any reduction from the city with regard to your budgeting for narcotics?

Mr. MORGENTHAU. No, we have not.

Mr. GILMAN. What about the State?

Mr. MORGENTHAU. We have been running an increase of maybe, in the State, 7 or 8 percent a year, and the city last year came up with $250,000 in new money and this year about another $250,000 in new resources, in addition to the 6- or 7-percent annual increment.

Mr. GILMAN. With regard to the backlog, when you testified before us last year you indicated you were inundated with a backlog of cases to be prosecuted. Has that situation been corrected or reduced?

Mr. MORGENTHAU. After I testified it got considerably worse. It is now somewhat better than the low point. But I would say the backlog is about the same as it was a year ago.

Mr. GILMAN. How many cases would you estimate there are in the backlog?

Mr. MORGENTHAU. Mr. Johnson and our office together are filing about 2,700 indictments a year. We have about 1,500 felony cases pending now.

Mr. GILMAN. Those 1,500 cases are narcotic-related?

Mr. MORGENTHAU. No. Those are just straight narcotics cases. We have a substantial backlog in addition to that. I am just talking narcotics cases.

Mr. GILMAN. Do you get involved at all with the formulation of a Federal drug strategy? Are you asked to make any input at all?

Mr. MORGENTHAU. None.

Mr. GILMAN. Have you been consulted at all with regard to the task forces being set up on a regional basis?

Mr. MORGENTHAU. No.

Mr. GILMAN. Is any of the Federal task force money earmarked to help your office or Mr. Johnson's office?

Mr. MORGENTHAU. No.

Mr. GILMAN. Is there any anticipation some of the backlog may be taken over by the task force?

Mr. MORGENTHAU. Not to my knowledge; there has been no indication of that. As I say, the U.S. attorney's office is probably handling 20 percent of the cases that they did 10 years ago.

Mr. GILMAN. Have there been any new initiatives developed on a working level between the State and local government in trying to have a more effective approach to narcotics enforcement?

Mr. MORGENTHAU. There is not any real problem of cooperation between the State and the city. There is just very limited re-

sources. In other words, it is not a question of people not working together with what they have. I think after Mr. Califano's report the State police commitment in New York City was increased from 13 to 25. It is still a very small commitment in terms of total manpower.

Mr. GILMAN. When you talk about limited resources, of course, we are confronted with the same problems nationally.

How best do you think we should be utilizing the dollars? The administration is recommending 18 regional task forces designed to try to get to the major traffickers, to spend the funds in that manner. How best would you utilize those funds?

Mr. MORGENTHAU. Well, one of the things that concerns me is that Federal money which has been appropriated is not being spent. The last report, and Mr. Johnson is going to talk about that, the last report we saw was that of the $127 million appropriated by the Congress, only $7 million had been spent.

Mr. GILMAN. Incidentally, we raised that issue at the last hearing several weeks ago and we were assured that the delay had to do with training and getting the people in place and that they were making some progress in that direction.

We did raise that from this committee when we had some of the Justice Department people appear before us.

Mr. MORGENTHAU. I would say to you, Congressman Gilman, that Mr. Johnson has an office which is tremendously overcrowded, which is short of buy money, which could spend the money right now, today, with no need for training. And if $5 million were made available to his office immediately for buy money, investigative expenses, some increase in resources, that money would be put to work immediately. This last year he filed 2,700 indictments. We have about 1,500 of those pending.

Compare that in both the southern and eastern districts, who probably file 100 indictments a year. So the local effort is far greater than the Federal effort. Also some money to the police for increased resources. I think that would be money that could be put to use right away and very effectively.

Mr. GILMAN. I regret we have a time constraint. I may submit some additional questions, Mr. Chairman, with your permission.

Thank you.

Mr. RANGEL. Without objection.

Are there any members who would like to inquire of Mr. Morgenthau before he leaves?

Mr. Rodino.

Mr. RODINO. First of all, let me commend you again, Mr. Morgenthau, for your continued interest and concern in this battle against narcotics and drug abuse.

Let me ask you: In your statement you say:

"Unless the Federal Government can stem the tide of illegal drug traffic they must give resources to local governments to deal with the problem."

Are you suggesting we not coordinate the effort, that it can be done on a local level alone? Because in a previous statement, it is noted that there is a mandate, there is a responsibility in the Constitution to deal with this problem that is national in scope and a national responsibility.

Mr. MORGENTHAU. No. I think maybe that was inartfully stated. I guess what I am saying is that unless the Federal Government is going to do something about it immediately, then some portion of the resources that have been appropriated should be going to local law enforcement, as they did in the past when the Law Enforcement Assistance Administration was in existence.

Mr. RODINO. I was surprised to hear from you, after you consulted with Mr. Johnson, that there was no contact with your office before this program of the 12 task forces was put in motion, when your office certainly has a great deal of information, a great deal of expertise in this area. It bothers me again to think that something is taking place in a vacuum.

While I don't want to point to any administration in particular, because I think all of us here are aware of the fact that there has been neglect on the part of all administrations to recognize this as a national if not an international problem, but it seems to me if we are really going to move forward with these task forces, there would have been consultation and input from the various areas of the country where these problems are taking place.

I think this is one of the areas that the committee ought to deal with.

Let me ask one final question.

Do you think, and this is a general opinion, from your experience that there has been the kind of commitment that you heard Mr. Califano talk about on the part of any administration, any President, which would indicate and demonstrate that there is a real recognition of the problem and a determination to deal with it? Has there been any such commitment on the part of the Federal Government?

Mr. MORGENTHAU. I have never, certainly not in the recent past, I will talk about, I guess, the last 15 years, I have not seen that kind of commitment.

Mr. RODINO. Can I conclude from what you have said, that along with what Mr. Califano has said, along with the report of the Controller General that cites the need for strong central oversight, that unless there is this national commitment to deal with the problem that just can't be dealt with locally, that we are not going to be able to cope with it or in any way to overcome it?

Mr. MORGENTHAU. I think that is absolutely correct. I would say beyond the strictly law enforcement, the money for research that for a while seemed to be there is no longer there. We came up with a number of projects that we wanted to test out. One of the simplest ones was urinalysis for every defendant arrested for felony so we could get on a day-to-day, week-to-week basis, to see how many robbers or rapists are drug abusers. We thought at one point—Congressman Rangel tried to push that in 1979—we thought we could get that kind of support. But we have been unable to get that.

I think there has to be a national commitment, national leadership on research, on treatment, and on law enforcement.

Mr. RODINO. Thank you very much.

Mr. RANGEL. Mr. Levine.

Mr. LEVINE. Thank you, Mr. Chairman.

Mr. Morgenthau, Mr. Califano testified that: "Most individuals arrested in smuggling cases are low-level figures. The big guys by and large are not even arrested."

From your experience, do you agree with this statement? If you do, why is it true, and if you don't agree with it, what can be done to reverse it?

Mr. MORGENTHAU. Well, certainly, if you look at the percentages, on a percentage basis, there are many more low-level people, and we are spending a lot of time on those cases, which is important, because if you are going to maintain the credibility of law enforcement you cannot have pushers out on the street or in buildings and not be prosecuted.

But I also think that we have made a significant number of cases against the higher level people. They are difficult because they stand back, pretty far back, from even the middle-level operation. It takes a lot of time. It takes electronic surveillance, and that takes a lot of resources.

We are making those kinds of cases. But those are big commitments. To get one top-level man you might have to commit 30 agents to it. If you have a total of 150 agents in New York City and you have 30 agents working one case, there goes 20 percent of your resources.

To make the big cases you have to have enough resources so you can commit them for a period of a couple of years to get the top-level people.

Mr. LEVINE. Is it primarly a question of financial resources?

Mr. MORGENTHAU. I think so. You have to have competent people, people who are good investigators, who are willing to stay with a case for the length of time that is necessary.

I sign affidavits for all of the wiretaps that are obtained by the special narcotics prosecutors. So I have a pretty good idea of what is going on there. It is a very slow, difficult, painstaking operation to get the top people. But we are doing it.

Now, of course, you have an awful lot of different mobs involved in this kind of thing. We have a lot of Cubans in New York who are involved in the drug traffic, and it takes a long time to be able to get the law enforcement personnel who can infiltrate those operations.

We have a lot of Dominicans involved in the drug traffic. We have a lot of Colombians involved. Whenever you get relatively new ethnic groups involved in illicit activity, it takes time to understand their operations and infiltrate them.

Mr. LEVINE. As I understand your testimony, you are saying if you had more dollars you would be able to accomplish more of this. Are there other things you need as well, in addition to the dollars?

Mr. MORGENTHAU. Everybody says, give me money. But that is the basic problem. We just don't have enough people to work on it. I don't know what the head count is for the Drug Enforcement Administration, but something like 150. Here in the New York metropolitan area the number of customs people has been drastically reduced in the last couple of years. That is really the Corporal's Guard. That is not enough to deal with the problem of this magnitude.

Mr. LEVINE. You are not identifying any procedural impediments, any legal authority. The principal impediment is money.

Mr. MORGENTHAU. Basically, resources. There is not the kind of commitment of resources that is necessary.

Mr. RANGEL. Mr. Green.

Mr. GREEN. Thank you, Mr. Chairman.

As a Lower East Side task force has existed for almost 2½ years now, we have been tracking the disposition of cases. I guess one of the things that strikes us and frustrates us as we do that is that even the felony cases seem to produce very little in the way of sentences of more than a year, and, given the very lucrative activity, where Secretary Califano testified people are willing to risk their lives for the monetary rewards involved, obviously a sentence of a year or less is not a great detriment, given that pot of gold at the end of the rainbow.

We know the reason is that there is no space in the prisons. Does it make much sense if the Federal Government comes up with additional dollars, to put them into developing more cases for prosecution if one may prosecute and convict those people, they are not going to go away for very long.

Wouldn't our priority be the creation of additional prison facilities so there was some real threat of a long sentence for more of these people?

Mr. MORGENTHAU. First, that project has only been a year.

Mr. GREEN. That is the new task force. The old task force was 2 years before that.

Mr. MORGENTHAU. I think the results that have been achieved there are significant. I think part of the problem is we are always looking for a quick answer and there is none. When you have drug trafficking as deeply seated as you do in that Lower East Side area, it is going to take you some time to work it out.

I think the results are significant and encouraging. If we could do that in five areas of this city, I think you would see some measurable effect. But we also need some new jail capacity. There is no doubt about it. We also need treatment capacity. But if you cannot stop the pushers, everything else fades into insignificance.

Mr. GREEN. Thank you, Mr. Chairman.

Mr. RANGEL. Thank you.

We know you have to leave.

Mr. TOWNS. Mr. Chairman, may I ask one quick question?

As we look at the task force, I think I understood you to say you had no input in that process at all.

Mr. MORGENTHAU. That is right.

Mr. TOWNS. Wouldn't they impact on you and your office at some point?

Mr. MORGENTHAU. Well, there are two answers to that. One is, unfortunately, there is so much business out there that they can make a lot of cases, and the police department makes a lot of cases, and they are not going to conflict. But quite frequently the cases they make do come to the special prosecutor's office.

So we are the beneficiary of the cases they make, even though we don't have any input into their planning. I think it would be better if there were more consultation. But I don't think that that prevents them from making cases, prevents the police department

from making cases or prevents the special prosecutor from prosecuting the cases.

Mr. TOWNS. I am talking about the overcrowding, all the kinds of things that go into the planning. If we were to have a comprehensive approach to the problem, we would have to make certain there is a constant flow in any area, that you cannot have a lot of arrests being made and, at the same time, they are telling you to release people because there is no space for them.

It would seem to me all these things go hand in hand. That is my concern.

Mr. MORGENTHAU. I want to make one point clear. That is so far nobody has been released because of overcrowding. And although the Federal court is holding that sword over our heads, as of today nobody has been released because of overcrowding.

I might also say that I did meet with the new U.S. attorney last week, and we did agree that we were going to sit down and try to see if we could not get some better coordination and planning on the types of cases and the areas in which those cases were being developed.

Mr. TOWNS. Thank you very much, Mr. Chairman.

Mr. RANGEL. Congressman Guarini.

Mr. GUARINI. Mr. Morgenthau, just one question.

In your experience of many years in law enforcement, what is your professional opinion as to the overlapping, duplication of local, State, and Federal resources in dealing with this drug abuse problem? We have only so many resources available.

Is there a waste in our system of resources. Could we be more efficient in our managing the resources we have available?

Mr. MORGENTHAU. The problem out there is so big and the resources so limited that the problem of overlapping is really not a serious one.

Mr. GUARINI. Have we marshaled our resources effectively?

Mr. MORGENTHAU. There is some overlapping, some waste. I am not going to say everything is perfect, but I don't see that as the core problem.

The core problem is there are just not enough agents and police officers out there working. If we had significantly more resources, then maybe you might see some conflict and overlapping. But that ocean of drugs is so big out there, there is room for a lot more fishermen than we have today.

Mr. RANGEL. Mr. Chappie.

Mr. CHAPPIE. Mr. Morgenthau, there are proposals at the State and Federal level now that would permit the forfeiture of narcotic money and use of that for buy money. Do you have any thoughts on that?

Mr. MORGENTHAU. I am completely in favor of more effective use of the forfeiture statutes. We have been trying this year. I have been president of the New York State District Attorneys Association and I am counsel to something called the New York State Law Enforcement Council.

We are trying to get a much stronger forfeiture statute through the legislature so there will be more money available for law enforcement purposes.

I think that the concept of forfeiture and the use of the proceeds of crime to fight crime is an absolutely sound one. But again I think the reason it hasn't been used more is that that takes accountants, and that takes people with time who can sit down and trace those assets.

When you are so busy going from case to case, you don't have time to sit back and say how am I going to grab the resources. But we should be doing that, absolutely.

Mr. RANGEL. If there are no further questions, I thank you, again, Mr. Morgenthau, for sharing your views with us. Your message is loud and clear on what is needed.

I will ask Richard Lowe, our chief counsel, who has worked with you for over a decade, as to whether or not he will join with your effort to see whether we can bring together the district attorneys of our country to join in this, and certainly in support of legislation passed by the Congress.

We thank you for your contribution.

Mr. MORGENTHAU. Thank you, Mr. Chairman.

I will undertake to see to it that the National District Attorneys Association is more active, more vocal than they have been in the past on this particular issue.

Thank you for the opportunity to be here.

I want to assure you some contraband that came to my attention is being destroyed on a regular basis.

Mr. RANGEL. Thank you.

Sterling Johnson, your complaints against the Federal Government are now included in the Congressional Record. We still admire the fact that you have stuck by your guns, that you continue to enforce the law with the limited resources that you have, that you bring the vast experiences of the police department, as a Federal prosecutor, and now to be selected by five elected county prosecutors as the city's narcotics special prosecutor.

That I think indicates the wealth of professionalism you bring to your job. And this committee, as usual, thanks you for coming to share your views with us.

You may proceed. As you know, your entire statement is now a part of the record.

Mr. JOHNSON. Mr. Chairman, I thank you for the accolades. I also thank you for the opportunity for inviting me to appear before this body.

Enclosed with our statement for the record are three exhibits. I would like to add a fourth exhibit.

Exhibit 1 is a New York Times article that tells of the 1,800 or so homicides in 1981, one-fourth of them being drug related. That figure has risen since 1981. In several communities in New York City, and particularly in your area, Congressman Rangel, I would venture to say at least 80 percent of the homicides that are not crimes of passion are probably drug-related.

Exhibit 2 is a document or an article in the New York Times, written by Leslie Maitland, that shows the $127.5 million that have been allocated to the task force that the President established, and as of April of 1983, only $7 million was spent.

Exhibit 3 is a study that was conducted by the New York State Division of Substance Abuse Services. They took 36 schools in New

York City at random, 12 elementary, 12 junior high, and 12 high school. From the report you can see, as of I think it was May of 1982, of those 36 high schools in New York City, 35 were found to have some sort of drug trafficking in and around those particular schools.

I would like to introduce into the Congressional Record for purposes of this hearing an article from the Washington Post by columnist Jack Anderson dated Friday, June 17, that states that the war on drugs by the administration is proving to be short on results.

From my professional experience this observation is an accurate one.

There are more drugs than ever before. There are less resources than ever before. Resources at the Federal level, and no resources at the local level. We get no Federal dollars at all. Even the task force that the President speaks of, they are Federal task forces to get the big dealer.

There has been no addressing the problem of the middle level and the low-level drug seller that stands out in front of the schools and the churches and the homes that sell drugs to our youngsters and has a direct impact upon the quality of life in this country, not only in New York City, but throughout the country.

There is increasing activity with respect to heroin coming into this country from the Golden Triangle, which now has a bumper crop, Burma, Laos, and Thailand, the Golden Crescent, Afghanistan, Pakistan, and Iran, and an increasing amount of activity from the country of Mexico with respect to heroin as opposed to cocaine, I guess we can all remember when the biggest export from Colombia was coffee. The biggest export from Colombia today is cocaine.

It is my understanding from the information I have received that there is such an overabundance of the cocoa leaves that there are going to be, if it has not already started, efforts to ship the cocoa leaves into this country the way they ship carloads of marihuana, and to process the cocoa leaves into the paste and into the cocaine right here in this country.

The price is dropping; the purity has increased. Every day we read about a thousand pounds seized here, seized there, and there is no panic.

Another thing that we have noticed, I have noticed over several years, is that the profile of those involved in drugs has changed. They are no longer the blacks and Hispanics from the inner cities of New York City and the major cities and small towns across this country. They are your middle class whites, educated, well-to-do citizens that make a conscious choice of whether they should do right.

Every day you read of professional athletes, lawyers. doctors, surgeons, and even law enforcement people who are involved in the drug trafficking arena.

From my perspective, over 20-some-odd years in this business, there really is not a commitment on the national level. When I say commitment, I mean a real commitment. I am not talking about a rhetorical cosmetic commitment that comes forth, not only with

this administration but with the prior administration and the administration before that.

As Mr. Morgenthau said, this is not a partisan thing. Democrats and Republicans have really been lacking in their responsibility.

I think that one of the things that we have to do, we must put the drug abuse problem on the same plane that we put defense, inflation, and every other thing that is important to the quality of life in this country. If we don't, we are going to suffer, we are going to suffer even greater than we are suffering today.

In conclusion, I would say that one of the things that we do need, or maybe several of the things, is, one, commitment. I am talking about an actual commitment, and you do need additional resources. And not only for prosecution, for the police, for the courts, but you need it for prevention, for education, for treatment, and you need all of these things, with one person running the show, whether it be the President or one of his advisers, and it is moving with the same type of coordination that an offensive line of a football team moves.

Everybody does his own thing with the avowed purpose of advancing that ball forward. You need it like the moving parts of an automobile. There are something like 10,000 moving parts in an automobile. Every part moves with but one purpose, to propel that vehicle forward.

Mr. RANGEL. Thank you, Sterling Johnson.

Commissioner Horn and Commissioner Ward to follow. You have heard statements for more resources, more prosecutors, more convictions and getting the pushers off the street.

Now we come to the correctional institutions. We ask for your testimony at this point.

TESTIMONY OF MARTIN F. HORN, DEPUTY COMMISSIONER OF CORRECTIONAL SERVICES, STATE OF NEW YORK

Mr. HORN. Thank you, Mr. Chairman.

I would like to reiterate, first of all, to reinforce what Mr. Morgenthau I believe made as a most important point, and that is to say that I believe and we in the State department of correctional services believe that the States are being asked to clean up the flotsam and jetsam, if you will, of the Federal problem with few, if any, financial supports for these efforts.

Let me begin by expressing my appreciation to the committee for the opportunity to present this brief statement of the concerns of the New York State Department of Correctional Services with respect to the impact of narcotics abuse on our prison system.

The New York State Department of Correctional Services today is housing in excess of 30,300 inmates. Our facilities are operating at 116 percent of capacity and we have reached the point where we are denying admission to commitments from counties outside the city of New York in record number. Likewise, the county jails throughout the State are equally overcrowded.

Within those 30,300 inmates we are confining over 2,500 inmates convicted of drug felonies under New York State law.

The number of persons committed to the department of correctional services for drug felonies has risen dramatically in the last

several years. In 1970 there were only 470 persons committed to the custody of the department for drug felonies. By comparison, in 1983 the number of felony drug commitments had risen to 1,118.

This increase in the number of drug felony commitments corresponds to a growth in the number of drug felony arrests in New York State from 14,941 in 1973 to 18,544 in 1982.

A recent survey by the U.S. Department of Justice Bureau of Justice Statistics found that one-third of State prison inmates in 1975 were under the influence of an illegal drug when they committed the crime for which they were serving their sentence.

Additionally, that survey found that more than 50 percent said they had taken illegal drugs during the month before committing the crime. Seventy-eight percent of the prisoners surveyed had used drugs at some time in their lives, compared to 40 percent of the general U.S. population.

By comparison, in New York State we find that out of a total of 10,409 persons committed to the department in 1982, 6,423 admitted to having used drugs prior to their commitment. What this means is that fully 61.7 percent of all persons committed to the department during 1982 had used drugs prior to the commission of their offense or had been under the influence of drugs at the time of their offense.

Most startling perhaps is the growth in the number of inmates committed with prior drug usage.

In 1970 only 37.7 percent of all commitments had histories of prior drug usage, compared to the 61.7 percent level reached in 1982.

According to the Bureau of Justice statistics survey one-half of all drug offenses were committed under the influence of a drug, which was heroin in 20 percent of the cases. Approximately 25 percent of all burglaries and 20 percent of all robberies and of all drug offenses were committed under the influence of marihuana. Approximately 12 percent of all robberies and 10 percent of all larcenies were committed under the influence of heroin.

The Bureau of Justice survey found that 60 percent of all inmates with five or more prior convictions had used drugs the month before the crimes were committed compared to just over 40 percent of those with no prior convictions. The Bureau of Justice study further found that approximately 20 percent of the inmates surveyed had used six or more different types of drugs.

It is apparent that prisoner use of all drugs is substantially above the level of drug use in the general population.

According to the Bureau of Justice study, approximately 60 percent of the drug users convicted of drug offenses were in prison for selling drugs rather than for the mere possession or use of drugs. Less than 1 percent of the inmates surveyed were serving time for the possession or use of marihuana. This compares to the New York experience. Those convicted of drug offenses were the heaviest users of drugs prior to incarceration.

Robbers and burglars were the next heaviest users, and murderers and rapists had low drug use rates, according to the Bureau of Justice statistics.

Attached for the committee's consideration are copies of two studies completed by the New York State Department of Correc-

tional Services in October 1981 examining the characteristics of inmates under custody for drug offenses both with prior adult arrests and without prior adult arrests.

Of the 1,476 inmates under custody for drug offenses with prior adult arrests, approximately two-thirds of these were committed for class A sale of drug crimes under New York State law.

Eighty-five percent of these offenders with prior offense records have also had prior convictions. Nearly one-third of the offenders have been previously committed to a State or Federal prison.

It is also noteworthy that over 50 percent of a sample of these drug offenders also had prior arrests for violent crimes as well as drug offenders.

These findings suggest that any consideration of the diversion or early release of these drug offenders should involve review of their individual case histories in view of the extensive criminal records, including violent criminal arrests, as well as the seriousness of their conviction offenses.

With respect to those inmates under custody for drug offenses without prior adult arrests, we found that the typical drug commitment without a prior arrest record was a male over 21 years of age from New York City who had been convicted of a class A sale of drugs crime. Generally, these individuals reported that they did not use drugs themselves.

It was particularly noteworthy that 29 percent of these drug commitments without prior records were born outside the continental United States and Puerto Rico as compared to the approximately 3 percent of the total inmate population who are foreign born.

I would like to conclude by drawing the committee's attention to the dramatic growth in the number of aliens under the custody of the department of correctional services and the dramatic growth which we have experienced with this group in recent years.

From 1978 through 1982 the number of commitments of aliens to the New York State Department of Correctional Services increased from 154 in 1978 to over 350 in 1982. Most dramatic increases were experienced with respect to the Central and South American countries.

Our studies have found that drug offenses account for over 13 percent of the commitment offenses among the alien offender group.

I bring this to the committee's attention in order to suggest that the problem of drug abuse, the interdiction of drug sales and responsibility for crimes committed by aliens are inarguably Federal responsibility. These types of criminal activities transcend State boundaries and represent weaknesses in our Federal immigration and customs procedures.

In recent years we have experienced a decrease in the amount of funds made available to the department of correctional services through the single State agency, the division of substance abuse services, as a result of cutbacks in the Federal level in funding for drug treatment programs within prisons.

Time did not permit me to develop accurate dollar amounts, but let me assure the committee that there has been a virtual cut-off in the flow of Federal dollars to the States for the purpose of providing drug rehabilitation programing to prison inmates.

This represents a serious loss which we in New York State have attempted to pick up through State appropriations. However, the dimensicns of the problem are such and the appropriateness of a Federal role so clear that additional Federal resources are necessary.

I commend the committee for its interest in these matters and urge you to support increased Federal funding for the provision of drug abuse services to inmates in State prisons, serious consideration to the proposed amendment to the immigration bill, which would provide Federal reimbursements to the State for the housing of aliens, and continuing efforts at drug enforcement at the Federal level.

[The prepared statement of Martin F. Horn appears on p. 108.]

Mr. RANGEL. Thank you.

Mr. Commissioner Ward, the Commissioner of Corrections for the city of New York, has served in so many capacities of law enforcement that your contribution this morning should not be restricted to your present title, but feel free to share your experiences and recommendations, based on your contact with the problems we are trying to deal with.

TESTIMONY OF BENJAMIN WARD, COMMISSIONER OF CORRECTIONS, CITY OF NEW YORK

Mr. WARD. Thank you very much.

I have a prepared statement which I will turn in and hope it becomes part of the record.

Mr. RANGEL. Without objection.

Mr. WARD. I would like to touch on a couple of things.

I run a jail as distinguished from a prison. People sometimes get the two confused. We have a daily population of about 10,000 people, and in the course of a year about 70,000 people go through that system. About 7,500 of the 10,000 inmates on any given day are pretrial detainees, those people who have been arrested and either have been unable to make bail or they have been remanded without bail.

My associate on my left is, Mr. Horn, who runs the prisons. About 70 percent of his population originates from our system here in New York City. We think about 60 percent of that 10,000 population on any given day, or 970,000 that go through in a year, are involved in some kind of abuse of drugs. We get that information from a variety of ways.

In any given year we run about 13,750 people through our detoxification units. In addition to that, we do interviews with counsellors and try to ascertain as part of our intake procedure whether or not the inmate has been involved in drugs. That is part of a classification program; we test to see whether they are alcoholic abusers as well.

That information is then forwarded to the State, if the person is convicted and sent to the State prison, in the hopes that will help them and possibly these people will wind up in the scarce resources available at the State level.

Prison overcrowding is a direct result of the failure to control the drug traffic and the drug abusers in New York. It would be argu-

ably said that the crime problem in New York, as Mr. Johnson pointed out, and as I know from experience in New York City, is really a drug problem in the city.

The police believe—and I know it to be so—that much of the street crime that occurs in this city is really crime by people who are drug abusers and are committing crime to support their drug habits.

I think a misconception is afield, and I heard it in this room today, that perhaps we should not put our resources into fighting the drug abuse problem because there is no prison space or there is no jail space. We are overcrowded. But if the police make more arrests, I don't think anybody will ask the police, certainly not I, not to enforce the laws because they are afraid there is not prison space.

I think it is the executive department's obligation to provide more prison space if it is needed. And this city is committed to doing exactly that. Certainly New York State has an enviable record or an unenviable record depending on how you look at it in providing prison space.

I am amazed at the figures Mr. Horn mentioned. When I was commissioner of corrections in 1975, the population of the New York State prisons was 14,400. To hear him say in 1982 that population is more than double, now 30,300. In 1979 the population of our city jails was 6,900. I chuckled a little bit at what a nice job that was going to be compared to what I was doing in the State. And I find myself a couple of years later being well over 10,000 on most days.

This city will provide the space if more space is needed.

The major problem that we have in dealing with narcotics is it corrupts the system. The going rate for marihuana, cocaine, inside of jails runs about double what it does on the street. That money is all tax free money. Inevitably small amounts of your staff will become corrupted by inmates who now have access to large amounts of money and there will be conspiracies and illegal partnerships between your staff and inmates.

To give you some idea of the magnitude of the problem, our major problem is marihuana and second is cocaine. From June 1 of last year until May 31 this year we confiscated about 450 bags, balloons of marihuana, and about 125 envelopes and about 150 cigarettes. I think probably we only get 10 percent of what goes through. We search every day. We have specially trained dogs provided by the Federal Government. The city put up $12,000 to provide for the training. The Federal Government provided us with trained dogs, and we use the dogs daily.

The major avenue of drugs into the facility is through the visitors. In New York, by Federal Court orders, we are required to have contact visits in all of the prisons, and I support that, as a matter of fact. I find it interesting that the Federal Government, through the Federal judges, could make those kinds of readings of the Constitution and then provide no resources to help you implement it.

The visitors bring the marihuana in, the heroin and cocaine, and they do it in very ingenious ways, generally in small tubes which they secrete in their mouths, and then at some point it is passed to

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the inmate and he manages to get it into his body cavities someplace and can recover it later on in the day. Even that gets past the dog.

Our major problem is marihuana. We get a variety of cocaine. The numbers are in the prepared statement.

I think what is needed certainly is more funds, as Mr. Morgenthau said. I believe that that is not the whole story. And I believe that you might be misguided to listen to law enforcement people like myself, Mr. Morgenthau and Mr. Johnson, and think that all of the money needs to be put into law enforcement. Because I don't believe that will do the job.

I believe, as Mr. Califano said, that you have to put a lot more money into education and begin that education at prekindergarten. You really have to start it at the moment that child gets into the school, maybe even before through the parents, and begin to reeducate our society so that you begin to get hold of this problem.

I believe by the time it gets out on the street, by the time law enforcement people get into it, we probably have already gone a long way toward losing that battle.

I think you lose more than you realize. When I listened to the details of the Ossining riot, the first thing that went through my mind, and I am glad I was wrong, is this is the result of a drug war going on in that place, because I know that Ossining is a prison where there are lots of drugs. It turned out not to be so. There were other reasons for the riot.

But we get assaults and fights and gang formations in our jails. When you get behind the cause of the formation of the rivalries, you see it is somebody vying for control of the narcotics trade. Fortunately for me and the city, my population turnover is so rapid that the people go on to State systems, quickly where they tend to stay a longer time. I am sure the problem there is more severe to control.

Thank you very much.

[The prepared statement of Benjamin Ward appears on p. 127.]

Mr. RANGEL. I just want to ask one question. You pointed out if indeed most places need it because of convictions, why do we hear about the complaints of jails and prisons being overcrowded?

Mr. WARD. They are overcrowded. As a matter of fact, we are all filled up. I have the luxury of a co-administrator who does not allow me to get overcrowded because the judge sets very lavish limits on how many people I may put in a cell, how many in a dormitory. So I really cannot get overcrowded in that sense.

I get all filled up, and I am almost at the point where I cannot take another person in.

Mr. RANGEL. Let me interrupt.

Mr. WARD. You know government runs by crisis. When Mayor Koch realizes he is going to have to release a prisoner, he will find a prison. That is what we have been doing. That is why I say we will find the space.

Mr. RANGEL. But you are not suggesting that some of the judges recognize the population of the jails and therefore sentence accordingly, are you?

Mr. WARD. No. I think as it comes to differentiating between prisons and jails, as it relates to jails, I do believe the fact that the

jails are overcrowded does influence the bail practices and possibly even some of the sentencing practices of the judges. But given the fact that there is a tendency in New York City to use jails as part of the dispositional process of the courts, which they should not be doing, there is where I think they make their adjustments.

So a person that they might put into jail for 2 or 3 days, realizing they are going to let him go anyway because they don't have a case, if they realize the jails are overcrowded, I think they don't do that. I think a person they may be inclined to set $1,000 bail on because of his attitude where really that bail should only be $100, I think they will set it for $100 because they know this is not a time to be playing around with a scarce resource.

Mr. RANGEL. Well, Commissioner, I don't know how much communications exist between the cop on the beat—you have had all of these roles, so I think we ought to single you out because you are one witness that can't say you ought to ask somebody else—if the policeman knows that the District Attorney is not going to entertain that arrest, then of course he is governed accordingly.

If the District Attorney knows that the judge is not going to entertain that complaint or indictment, then he of course is conditioned as to which cases he has taken from the police officer. If the judge knows that there is a crisis in the jail or in the prison systems as to how many people can be contained and whether or not the crisis will be Attica or anything above or below that, then of course he conditions his bail practice and sentences accordingly.

I suppose it gets to the parole commission and they have to consider who is going to be let out of the system.

You mentioned marihuana. I believe that many policemen on the beat are not thinking about arresting people for marihuana crimes being committed in their presence. Am I right or wrong?

Mr. WARD. You are right. It is around lunch time now. Go outside and you can see it right around here.

Mr. RANGEL. So basically what happens is that priorities are set where that local law enforcement officer, who is anxious to make a case, wants to get a conviction and wants it on his record, is not thinking about embarrassing himself in having his arrest thrown out perhaps by the precinct captain.

Mr. WARD. I don't think any precinct captain or desk officer will throw out an arrest for marihuana. I think as the marihuana use becomes increasingly popular, a recreational drug, as it is now called, a tolerance sets in. You think a police officer having more discretion than anybody else in the criminal justice system uses that discretion. The criminal justice system is fragmented.

In this city we have drawn together at my insistence a forum where all elements sit down in each county once a month, except we don't ask the police commissioner to come because we are talking mostly about jail and prison overcrowding, and no one wants to give the police commissioner in this city the notion that he should do anything about lessening his law enforcement role for fear we will run out of prison or jail space.

Mr. RANGEL. You made it clear on the jail and prison space. But I don't know whether or not it is that clear to this member as to whether or not his officers don't respond to tolerance and discretion the same way Federal law enforcement officers do when they

tell us they are going to high level crimes. They said they are not going to enforce the Federal law as exists in the Criminal Code. They will determine which parts they will prosecute.

I say that that same thing occurs in New York and other major cities, perhaps not with the candor of the Federal Government, but that police officers are making determinations on which part of the State criminal code they will enforce.

Mr. WARD. They have always done that. All cities in this country have always had selective law enforcement. It would be pretty impossible to do otherwise given the proliferation of laws we have.

It varies, depending upon the resources that they have and the seriousness of the crime as perceived by the law enforcement agency, and the public will let you know what they perceive as serious.

Mr. RANGEL. I wasn't including spitting on the sidewalk or jostling. The way I was talking about tolerance and discretionary arrests specifically dealt with narcotic violations. That would be violations of the State narcotics laws rather than broad discretion which all police officers have.

Mr. WARD. I think other than the marihuana you wouldn't see police officers tolerating drug abuse in this city.

Mr. RANGEL. I am talking about sales.

Mr. WARD. When it comes to use of marihuana there probably is some tolerance. But I doubt very much if sales are not acted upon.

Mr. RANGEL. You cannot pass by certain areas within walking distance of this courthouse without seeing sales. I am not asking you whether or not police are ignoring sales of marihuana. I am telling you I can take any police officer out and have him witness sales of marihuana. What I am suggesting is that sales of heroin and cocaine are taking place within the presence of police officers in the city of New York and that they are making arrests based on discretion.

Mr. WARD. I doubt that.

Mr. RANGEL. OK.

I have no further questions.

Mr. Gilman.

Mr. GILMAN. Thank you, Mr. Chairman.

Mr. Johnson, and the rest of the panelists, we certainly appreciate your comments.

Mr. Johnson, you mentioned earlier we need a higher priority. You touched on more commitment, more resources, the need for one individual to be in charge.

If you had your opportunity now, being in a policymaking position, what do you think some of our more critical needs are at the Federal level? What would you do by way of allocation of resources?

Mr. JOHNSON. First of all, it is my understanding from reading the budget of some of the enforcement agencies in the Federal Government, particularly——

Mr. GILMAN. You are going to have to speak up. The mikes are not working.

Mr. JOHNSON. I would increase the resources of some of the Federal agencies involved in the drug abuse problem. I would also

have someone directly responsible to the President that would coordinate all of these efforts.

For example, no one denies, including the Drug Enforcement Administration, that we have a very, very serious problem in this country with respect to drug abuse. It is my understanding that for the coming fiscal year, the Drug Enforcement Administration only asks for six additional narcotic agents to fight this particular problem.

It is my understanding that in 1980 there was something like $5.9 million for buy money for the whole country. In the coming fiscal year there only was requested $5.1 million.

I think that the Drug Enforcement Administration is adhering to the policy of the administration that we must do more with less.

Now, assuming that we could give more resources to the Federal officials involved in drug enforcement, I would have someone who, as I said before, would be responsible directly to the President, someone who has the President's ear, who could bang heads together, who could coordinate the fragmented efforts that are going forth right now.

One of the criticisms of the bill that was submitted to the President is that this sergeant, or whoever he would be, would interfere with operations, day-to-day operations. I don't think that that is an insurmountable problem. You could have someone who would have this responsibility and who would not interfere with the day-to-day operations. But you need the commitment, you need someone who is going to speak for the President, and you need the additional resources, if that answers your question.

Mr. GILMAN. You have seen task forces come and go. What do you think of the new proposal of the nationwide regional task force proposal?

Mr. JOHNSON. First of all, I call this a plantation type thinking in the sense that task forces were imposed upon certain cities in this country without consultation or any input from the authorities going to be affected directly or indirectly by the task forces.

I think it is another level of bureaucracy that is going to go out after the Mr. Big. The Federal Government's mandate is to go out after the Mr. Big, the interstate, international trafficker. They will not concern themselves with the middle level, low level type trafficker that affects the quality of life.

We talk about a Nicky Barnes. Mr. Smith, in your district or Congressman Rangel's district or Congressman Rodino's district, they could care less about Nickey Barnes. They know every day 10 or 12 pushers are outside of a school, outside of a constituent's home selling drugs. The Federal Government will not address itself to that particular problem. The Federal Government will not give resources to the local authorities to address itself to that particular problem.

Mr. GILMAN. Have you been consulted at all in any of the planning?

Mr. JOHNSON. No, I have not, no planning at all.

Mr. GILMAN. Let me address a question to our two correctional officers.

We are hearing a great deal of the correlation between the AIDS problem and narcotic abuse. Are there any studies going on now in

the prison, within the jails, for isolating these cases and trying to determine a relationship?

Mr. WARD. Well, we have had quite a number of cases. In fact, we have had one confirmed death and possibly two deaths that are probably cases, one just the other day.

We work very closely with the Disease Control Center in Atlanta, Ga., and with the New York City Department of Health.

The doctors feel that there is no need to isolate these cases, certainly no need to quarantine them and no need to isolate them except when they are in a very advanced stage, where their immunities are so deficient that we are dangerous to them, not that they are dangerous to us. Because if we give them a cold they would not have an immunity offense to deal with it. So they are studying it.

There is a lot of money that has been poured into it by the Federal Government. We do happen to have all of ours in hospitals or infirmeries. But that is because they tend to be very sick at the time that it is discovered that they have the AIDS illness.

Mr. GILMAN. Are you finding a direct relationship between intravenous use of narcotics and AIDS?

Mr. WARD. Every one of our cases has been an intravenous drug abuser. None has been in the male homosexual category.

Mr. HORN. In the State prisons we have diagnosed 38 cases of AIDS, all of whom have been intravenous drug users. Of the 38, 19 have died.

Mr. GILMAN. My time is running out. Just one more question.

What do you do about drug rehabilitation and treatment within the jails and prisons together?

Mr. WARD. Mine is easy; nothing.

Mr. GILMAN. What about the State?

Mr. HORN. Mine is easy; not much more. We have perhaps six small programs serving perhaps in total, and I am stretching it, 2,400 out of the 30,000 inmates.

Mr. GILMAN. 2,400 doing what?

Mr. HORN. Counseling programs; therapeutic self-help groups. But it is a spit in the ocean compared to the need.

Mr. GILMAN. Thank you.

Mr. RANGEL. Chairman Rodino.

Mr. RODINO. Thank you very much, Mr. Chairman.

Let me commend the panel for coming here with their expertise and very informative statements.

Let me ask, and I ask you, Mr. Johnson, are we hearing this morning what I believe I am hearing, that there is not a real honest to goodness commitment on the part of the Federal Government to deal with this problem?

Mr. JOHNSON. That is correct, Congressman Rodino. If you will notice the state of these task forces that were set up by the President, they were right before the last election. If you will notice the hullabaloo and the efforts of the prior administration, you will notice that they always come just before an election.

The answer to the question is there is no real commitment. There is a rhetorical commitment. There is a cosmetic action. Being against drugs is like being for motherhood and apple pie. But we don't have the type of commitment that we have where the President today says defense is my No. 1 priority, inflation is my

No. 2 priority, as the President said, when President Kennedy said we are going to put a man on the moon. We don't have that type of commitment. We just have rhetoric.

Mr. RODINO. Let me ask you this: I know the answer, but unless there is this Federal commitment we are not going to be able to effectively deal with this problem and it is going to continue to grow and plague us.

Isn't that the natural consequence?

Mr. JOHNSON. That is absolutely correct. If you don't pay the pennies now today you are going to pay the dollars later on. It is going to affect the quality of life for all America. We are going to have generations and generations of zombies and people who are nonproductive.

You look at some of your professional athletes who are making millions of dollars a year and these are people who are having problems. You look at the profile of your new drug abuser and the drug trafficker. These are people who are educated, who are well to do. This is how bad the drug problem has been in this country.

Mr. RODINO. Well, it seems to me, Mr. Chairman, what we are hearing here is that we have people who have been dealing with this problem on a day-to-day basis, who have the expertise, who have the ability to do it, find themselves hamstrung, their hands tied, doing whatever they possibly can to try to deal with it, but in effect almost saying they have to throw up their hands because we have a Federal Government—this is Republican and Democrat, because I have seen it happen—that doesn't seem to recognize the magnitude of the problem.

That is effectively eating away at our Nation. Here we are on this local level again, hearing these people making statements that ought to be not only in the press but ought to be in the minds and the hearts of every public minded citizen so that it becomes aroused again and says to every administration, "We have got to deal with this problem, Mr. President, whoever you are, we have got to deal with this starting today. We must apply our resources, our ability, and intelligence, in such a way as to effectively deal with it."

Thank you very much.

Mr. RANGEL. I assume from the commissioners that nobody on the level of the task force has come to you and asked for your input.

Mr. WARD. No, sir.

Mr. JOHNSON. None at all.

Mr. RANGEL. Mr. Ortiz.

Mr. ORTIZ. Thank you very much.

Mr. Johnson, I was very impressed with your statement.

What kinds of educational preventive programs do we have in New York at the local school district level?

Mr. JOHNSON. I would say virtually none because of the fiscal problems that have been created because of the economy.

I understand that the board of education does have some kinds of programs. Exactly what they are I don't know. I would venture to say whatever they are they are not enough.

I agree with Mr. Califano and Commissioner Ward that there should be educational programs, and I think that as soon as the

child learns to speak, whatever language he is speaking, then he should be taught about drug abuse and the evils of drug abuse.

But the resources or the programs they have in place right now really are nonexistent.

Mr. ORTIZ. Would you go so far as to make this part of the school curriculum and to make it mandatory?

Mr. JOHNSON. I would say so.

Mr. ORTIZ. Because it seems to me, in my opinion, and I am an ex-sheriff, that we are putting a lot of emphasis on rehabilitation but not enough on prevention, and I feel that prevention is the key. We need to do something to prevent young people from getting addicted to drugs.

In my opinion, we are waiting too long. When they are addicted, they are costing society millions of dollars.

Mr. JOHNSON. When you talk about prevention and criminal justice, as Commissioner Ward said, it is already too late. Prevention or efforts toward prevention really are signs that we have failed somewhere along the line. You have to stop it at its source. You have to teach the kids. But I agree with you, we should put more resources and emphasis at the earliest stage possible.

Mr. ORTIZ. Let me ask you another question. Of the 2,700 indictments, how many were conspiracy cases?

Mr. JOHNSON. We don't break those down by the different crimes. We do have a conspiracy law, but it is not as flexible as the Federal conspiracy law. The conspiracies on a State level have to be independently corroborated in New York State and this is very, very difficult.

So if a person in the conspiracy came forward and said, "Mr. Johnson, I and 10 other people conspired to commit a narcotics violation," I would have to prove this independently of that one conspirator. Basically the only way we can do that is court-ordered wiretaps or maybe a police officer or citizen overhearing it. As you know, conspiracies are a secretive crime, and that is extremely difficult.

When you have situations like that, I will turn this case lock, stock and barrel over to my Federal colleagues and let them do it under the Federal conspiracy law, which is much easier.

Mr. ORTIZ. Thank you.

When talking about duplication of law enforcement agencies, I don't think law enforcement agencies have ever had enough manpower for duplicating.

Let me commend you for the job you are doing in New York.

Thank you.

Mr. RANGEL. Mr. Hall.

Mr. HALL. Thank you, Mr. Chairman.

You know, the picture you give us today, especially this member, is that we have a problem that is insoluble. Before I get into that, I want to ask Mr. Johnson a question.

You said there had been an investigation made of 36 schools, elementary, middle, and high school. Out of those 36, all were concerned with drugs except one.

I think that was PS–10 in the Bronx that was clean, so to speak.

Now, the high school PS–10 in the Bronx had no incidence of drugs, according to the charts made available to us. I am con-

cerned. What was so good about the one school that was clean? What were they doing that the other 11 in that category were not doing? Where was it located? Were the same criteria used in that school as in all the others?

Mr. JOHNSON. Congressman Hall, that I don't know. This was a survey conducted by the New York State Substance Abuse Services. The types of questions that were raised, what they did, I really don't know. I just got the finished product.

I know I will ask Commissioner Martinez what was so good about this school, and if there is something that good maybe we can take this and apply it to some of the other schools, and then maybe the next survey you will have 36 out of 36 schools. Maybe the person who was selling drugs at that particular time took a day off.

Mr. HALL. Possibly so. But it is interesting to know that somebody, somewhere was doing a pretty good job when this test was made.

Now, with reference to the testimony of Mr. Horn and Mr. Ward, I know there is a tremendous need for money. I know there is a tremendous backlog of money in law enforcement, not only in New York but all of the United States.

But if we can't control drugs in jails, where we have people incarcerated, under 24-hour surveillance, how are we going to control it on the streets?

Why is it that we cannot control drug trafficking in jails or penitentiaries? You say they come in with it secreted. But it is just difficult for this member to believe that that cannot be controlled if a concerted effort is made to control it.

Am I wrong?

Mr. WARD. Yes, you are. We make very concerted efforts. All of my adult life has been in law enforcement. The best way to bring a corrections commissioner down is with the drug traffic inside of your facilities. So we work very hard and very steadily at controlling drugs.

I would not bring dogs into a New York City prison, and there were dogs in New York State prisons as well, if the drug problem was not bigger than the risk I take for bringing the dogs in. The problem is we deal with people. You probably have not been following the Federal cases in prison law suits, particularly under 41 U.S.C. 1983.

Mr. HALL. We have some nutty Federal judges in Texas also.

Mr. WARD. We have to run prisons now according to very, very liberal interpretations of the Constitution. Contact visits for one thing is pretty much mandated around the country. If you have contact visits and your inmates are exposed to people on the outside and you have a population, about 60 percent of which have a drug problem when they are in there, you have a very concerted effort on the part of people to bring drugs into the system.

In addition, because of the cost of drugs skyrocketing and the availability of drugs, you have people with a great inducement to bring it in. There will be a small percentage of your staff that will bring it in as well.

Mr. HALL. If you know those things, in the position you are in, it looks to me like you would redouble your efforts to try to keep it out.

Mr. WARD. We do. Probably the cleanest drug-free environments in this city are probably in the jails. We probably have less than you have anyplace else. But we still have some.

Mr. HALL. You said because they pass through so rapidly you don't have time to get the drug rehabilitation going. They go to the place where Mr. Horn is the recipient of those people——

Mr. HORN. If I may, there is no great secret at our end, the States prisons, in terms of what it would take to put a serious dent in the amount of drugs that enter the prisons.

We would cut off contact visits and we would stop permitting the inmates to receive packages from home. Every inmate in New York State prisons can receive up to 40 pounds a month. There is a device sold by a major mail order retail company in this country that enables you to do your own canning with real tin cans.

When you are completed packing whatever it is you want to pack into that tin can, that can is sealed up and is identical in size and shape to the kind of a can that you would buy off the shelf in your supermarket. It is thoroughly hermetically sealed, if you will, and you very simply take the label off a Campbells Soup can and slit it with a razor blade and reattach it to this tin can you have made in your own home.

That tin can can hold anything. It can hold alcohol, which will show up through an X-ray machine the same as chicken soup. It can hold solid substances, which will show up the same way on an X-ray machine as Spam. And it is extremely difficult to detect that kind of stuff, even with the dogs.

So if you want to stop the drug traffic, we can do it. We would have to cut off the packages and we would have to cut off the contact visits, and, as Commissioner Ward said, that is something that we do not have the ability to do even if we wanted to.

Mr. HALL. Well, do you have any prohibitions against the area where you serve by any Federal judge that prohibits you from going more into searches than you really do?

Mr. HORN. Yes, we do.

Mr. HALL. Under court order?

Mr. HORN. Yes. A recent case in the southern district, *Hurley* v. *Ward,* as a matter of fact, in which our ability to search inmates was severely curtailed. We took the position that we had to search on a preemptive random basis, to act as a deterrent. And the court held we could only search an inmate where there was probable cause.

Mr. HALL. If you have a known drug addict in your penitentiary, you don't have probable cause to search these packages?

Mr. HORN. We have no problem searching the packages. But again, if you get a sealed tin can, if you open the can, you have destroyed the contents. If you allow the inmate to have it at all, you are going to X-ray it. What I am suggesting is they have found ways to get around the X-ray machines. I am talking about body searches.

Mr. HALL. You have no equipment that can tell you what the contents are?

Mr. HORN. No.

Mr. JOHNSON. We also had an example, to demonstrate that the smugglers are limited only by their imaginations, we had a couple

of young men who fit the drug profile. They would go overseas to the source countries, stay a couple of days, they would have very little luggage, very little money. They would come back, and we knew they were bringing drugs in. We could never prove it. They got stopped one day and sold it to one of our people. We discovered after the case was over that they were getting the drugs, they were wrapping it in a balloon, they were inserting it into their anal cavities and coming through, and customs would never detect it.

Mr. HALL. Thank you.

Mr. RANGEL. Mr. Chappie.

Mr. CHAPPIE. No questions, Mr. Chairman.

Mr. RANGEL. I want to thank the panel. I want the panel to know that we still will have informal hearings with you here in the New York City area. It is not just a question of the committee coming in once a year and leaving. We hope that you would continue to make observations and recommendations to us.

The record will remain open for members to send additional questions which may have not been asked.

I want to thank you for the contributions you have made in your public offices.

Mr. RANGEL. At this time we will call our next panel.

TESTIMONY OF DEPUTY CHIEF EMIL CICCOTELLI, NEW YORK CITY, AND DEPUTY INSPECTOR GEORGE WHITE, NASSAU COUNTY

Mr. CICCOTELLI. I have to apologize for Chief Courtney not being here. He is out sick. However, we did confer at great length regarding this testimony. What I have to say, unfortunately, is being said after some very distinguished speakers have already given testimony. Most of it is repetitious but that repetition should only reinforce the contention held by the people testifying before I do.

We are quite in agreement with Mr. Califano's perspectives. We have worked very closely with Sterling Johnson and Mr. Morgenthau. We are rather proud that former members of our department, Sterling Johnson and Benjamin Ward, have reached such positions of high esteem in other fields.

The cooperation and flow of information between our departments is very easily achieved. We know each other's personalities. We know each other's background. We have mutual respect.

What I would like to address at the outset is the focus that Sterling Johnson put on the low level violator. It is a very real problem. Many of the complaints we get in the police department are about the low-level violators. I am not saying we concentrate on them to the exclusion of the big case and the major violator.

The major violator has to be punished, but the removal of the major violator and major conduit of the narcotic drug is not going to dry up the source of that drug. There will be somebody else to take his place and that drug will still reach the streets. The people that have to fight their way in and out of the apartment houses, walking over pushers and users, are the people concerned about getting the pusher away from those locations. The removal of Nickey Barnes, a major violator, didn't slow down the operation.

Yet that is where a major part of our effort, in terms of personnel resources has to be made.

I would like to talk about the task force, to distinguish between the task force you are talking about and the task force in place at this time, the special services division, which is a joint task force comprised of city, State, and Federal officers.

Our commitment to that task force is about 90 investigators and supervisors out of about 140 in the entire task force. That is a major commitment from the police department. The Federal Government assumes the expense of the overtime portion of our investigator's salaries. That helps to ease the burden. They don't do that for the people we assign from our narcotics division to do the street work.

Our position is that all drugs are brought into the city; none of it is home grown, none manufactured here, none of it is the result of something we have internally. Therefore, there has to be widespread international, national and statewide interdiction. There has to be Federal assumption of the cost of policing the narcotics problem at the local level.

We do not have the ability to take the number of people needed for effective narcotics enforcement out of uniform. There are other priorities in the city which impact heavily on the quality of life. This is usually categorized as "street crime" and includes robbery, burglary and mugging.

I think our commitment is quite large considering the fact that we have been so short of manpower over the past several years. We have, counting supervisors and investigators, 600 people in narcotics investigation.

I guess that is essentially what I would like to address.

Thank you, Mr. Chairman.

[The prepared statement of Emil A. Ciccotelli appears on p. 133.]

Mr. RANGEL.Thank you.

Major Muller from New Haven. Would you like to add to your prepared statement?

TESTIMONY OF MAJOR THOMAS P. MULLER, NEW HAVEN POLICE DEPARTMENT, NEW HAVEN, CONN.

Mr. MULLER. I would like to read from my prepared statement, if I could, Mr. Rangel.

Mr. RANGEL. We have your statement.

Mr. MULLER. If it could stand as is, I would appreciate that and answer any questions.

[The prepared statement of Major Muller appears on p. 145.]

Mr. RANGEL Very good. We appreciate that.

From Newark, Deputy Director George Hemmer.

TESTIMONY OF GEORGE P. HEMMER, DEPUTY CHIEF OF POLICE, NEWARK, N.J.

Mr. HEMMER. Mr. Chairman, I would like to make a slight correction for the record.

My correct title is deputy chief. I am the Chief of Detectives of the Newark Police Department. I am here representing Police Director Hubert Williams. We have discussed our narcotics problem

together thoroughly. And I have submitted reports on our perspective from the Newark scene.

I prepared a statement which is being submitted for the record that summarizes some of the narcotic patterns in our area. In addition, I have included some recommendations toward a more effective approach.

What I would like to do would be just to highlight a few comments in that statement, if I may.

As you know, the police have the responsibility to reduce the opportunity and the inclination for drug abuse by applying tactical programs and thereby increasing the probability that illicit drug dealers and users will be apprehended.

In addition, law enforcement we feel should be vitally interested in and take an active role in the education programs and encourage treatment facility.

Nationwide, urban police departments are encountering an increasing difficulty in controlling narcotics traffic within their boundaries. Factors which relate to these problems include a general reduction in manpower in most urban departments, cutbacks in material and equipment to aid law enforcement, and the increase in drug availability on the street.

It is our contention that the drug problem which permeates our society has reached the stage where it is far beyond the capacity of urban governments to mount effective programs combating it.

The huge profits derived from participating in this illicit activity has engendered a rise in countless local entrepreneurs. Some have connections not only interstate but also international. While we realize there is a large-scale involvement by traditional organized crime in this trade, it also appears they have no monopoly. Many local and independent operators are acquiring drugs, making enormous profits and having a damaging effect in many urban areas.

Any effective and sincere effort to attack and minimize the drug activity should include an ambitious effort by the Federal Government to assist local urban areas to attack the local operations.

This effort, in order to impact on narcotics traffic in urban areas of our country, requires an active role on the part of the Federal Government and a financial commitment to assist the local areas in their specific types of drug problems.

It is recommended that the U.S. Government assist the urban cities in developing a plan of action to make local drug enforcement more effective.

Four ways in which this could be accomplished are as follows:

One, consideration should be given to recommending adaptation of new laws at Federal or State levels based on laws enacted by the State of Florida in which all fruits and profits from the sale of drugs are turned over to the arresting authority after conviction of the violator. The arresting authority can use or sell these goods, be they cars, boats, houses, cash or any other valuables, in the enforcement of other cases of drug enforcement. Passage of this type of law would not only seriously damage the holdings of the violator, it would also alleviate some of the financial burdens hampering local enforcement.

Two, special consideration should be given to develop a plan similar to New Jersey's "safe streets" program which has been used

successfully in combating street crime. Moneys should be made available and specifically earmarked for municipal drug enforcement by the Federal Government through the State coffers to the city. This program could be used to effectively stage a concentrated effort on middle or upper level drug dealers while still maintaining enforcement on lower level street activity. Additional personnel, vehicles, special equipment and buy money are needed to successfully accomplish this effort.

Three, it is also recommended that our national political leaders use the power and influence of their office to inform the sports and entertainment communities that they, the political leaders, and those in law enforcement frown upon any glamorization of drug use. There should be a concentrated effort and commitment to discourage this destructive behavior by boycotting shows, pictures, and events that depict drug use as a fun and/or in thing to do.

Four, the Federal Government should support the upgrading of our prison system and the building of new prisons. They should also encourage judges to treat convicted drug violators, specifically profiteers, more stringently.

Enforcement of our drug laws is a major law enforcement responsibility. Implementation of these laws in the past has proved to be an effective way of dealing with crime problem areas. Drug activity, the sale and use of drugs, particularly heroin and cocaine, has always precipitated criminal acts of a wide description. As police officers, it is our responsibility to apprehend the individuals who conspire to violate the drug laws. However, as drug activity increases, the task becomes more difficult.

There are different categories of drug offenders, such as:

One, the major importer of drugs, with international connections. This type is rarely encountered by municipal departments.

Two, the middle level dealer, or profiteer. This type of dealer can and has been investigated and arrested by our department when in-depth investigations involving electronic surveillance and/or when undercover operations are feasible.

Three, the street pusher and user. The Newark Police Department deals mostly with this user or dealer type.

It is apparent that if drug enforcement is kept at this current level, without further exploring the sources that supply the contraband, we will never effectively control or even limit this supply. Street type arrests assist in satisfying citizen complaints temporarily. However, they alone cannot stem the flow of drugs in the city. The alternative to this single method of drug enforcement is to concentrate to a greater degree on the drug distributor.

This can only be accomplished by refocusing manpower, equipment, and other resources. In the past, the Newark Police Narcotic Bureau received assistance from the Federal Drug Enforcement Administration as well as the county bureau of narcotics.

Our personnel and that of the DEA have been combined in a strike-force type effort. In recent times, with economic cutbacks as well as the loss of personnel on all sides, our involvement with each other in major investigations on middle and upper level drug dealers had diminished.

It is important that we make an assertive effort to initiate these types of major investigations again. This can only be accomplished

with the aid of the Federal Government through the Drug Enforcement Administration. It is important to understand that since the drug trade knows no boundaries, our problem in Newark is a Federal, State, and county as well as a municipal problem. Therefore, a joint effort should be mandated.

It is no secret that to successfully reach our objectives a great financial burden is placed on law enforcement. We are dealing with a foe that has millions of illicit, tax free dollars at their disposal. Perhaps it is time we try to funnel some of their illicit assets into the war on drugs. We could start by considering a method used by law enforcement officers in the State of Florida.

There, a law was passed by the State allowing the seizure of all moneys, properties, and other assets from arrested and convicted drug dealers. With new-found moneys, rewards are paid to informants, equipment is bought, vehicles are purchased or rented, as well as other items that may assist in drug investigations.

The State of Florida also developed an informant incentive plan used by the Fort Lauderdale Police which has shown positive results. We must realize that we compete for the cooperation of informants with drug dealers and contacts paying people paltry amounts while the dealers have money, drugs, and fear to keep most people in line.

The innovative method mentioned above would allow us to operate at a respectable level while hitting the dealer in the pocketbook without placing an extra burden on the taxpayer.

While the Newark Narcotic Bureau has been operating at a decent performance level and continues to produce a high percentage of arrests with less manpower, the influx of drugs and the criminal activity that accompanies it has increased over the last 4 years. Seizures and arrests have risen sharply especially in the areas of heroin and cocaine.

The drug problem in Newark centers around drugs such as heroin, cocaine, marihuana, and barbiturates. Barbiturates constitute 95 percent of all the pills confiscated. It is apparent that most of the drugs used in the city are depressants, with cocaine the obvious exception. Cocaine, once known as the "rich man's drug" has become the "people's drug." At one time, it was thought not to be addictive. That was proven to be false, with thousands of people from all economic levels becoming psychologically addicted in recent years.

It is alarming to note the frequency with which certain public figures, such as popular entertainers and athletes glamorize the use of certain drugs, especially cocaine. In most instances, the intent by these individuals is to make light of the use of all drugs. Some rationalize involvement and others fail to realize the impact and influence they have as role models on our youth and people in general.

The quality of cocaine and heroin varies in our urban areas, depending on what level it is purchased at. For example, street cocaine averages between 5 or 8 percent actual cocaine, while it is about 12 percent when bought in larger quantities.

Heroin is 3 to 6 percent in the street, and about 10 percent when purchased by the ounce. Both drugs can be acquired at much

higher quality levels when bought wholesale by the individuals who have the connections and the money.

The majority of the heroin and cocaine that is bought in large amounts appears to be purchased in New York City. Much of the cocaine in the metropolitan area comes up from the Florida area in one fashion or another, as does most of the marihuana found here. Marihuana is sold in quantities ranging from a $1 cigarette (a joint), to a $5 dollar bag (a nickel), to ounces for $50 and up, again according to quality.

Barbiturates have become a serious problem in the last few years. Most of the pills seized are Doriden and Empirin Compound with codeine. Most of the pills are manufactured by legitimate pharmaceutical companies and reach the streets through various methods. Some are hijacked from trucks or stolen from the factories. Many are purchased at a few cents a pill through disreputable pharmacies or through prescriptions obtained through doctors. Some pills are bootlegged or made in clandestine laboratories.

The pills are sold in bundles, a plastic bag containing 25 Doriden and 25 Empirin Compound with codeine tablets, for about $125. One each of these pills is wrapped in foil, known as a "hit," and sold for an average of $8 per hit on the street. Persons who are addicted to these pills are in grave trouble, as much as if they were hooked on heroin.

The drugs can attack the central nervous system and cause the user to have seizures reminiscent of epileptic fits. The withdrawal symptoms are severe and pill addiction is not commonly recognized by the general public as is heroin addiction. Therefore, individuals who are arrested for possession of drugs, possession with intent to distribute, and sale of these pills are usually not considered as serious drug violators as are the procurers of heroin and cocaine. This is a fallacy. The rate of profit gained by sale of barbiturates is second to none.

Unfortunately, there is such apathy toward persons who violate our drug laws, especially when the violation involves certain drugs such as barbiturates, marihuana or cocaine.

An additional stumbling block for law enforcement in trying to combat the drug problem while addressing other crime problems in the urban areas is the revolving door system of our courts. The recidivism among drug violators, dealers, and users is phenomenal. A high percentage of the people arrested for narcotics have been arrested before, and most of the time for the same type of offense.

It is not unusual for a police officer to arrest a suspect who is already out of jail on one or more bails. Upon accumulating several arrests on several charges, this violator will make a deal (plea bargaining) through his lawyers with the prosecuting authority and the court. Usually they plead guilty to one or two of the pending charges while the rest are dismissed.

At sentencing, his cooperation is taken into account and he is sentenced accordingly. Many times the offender receives a suspended sentence or probation since there is no room at the penal institutions. In the interim, he continues to deal drugs.

The overcrowding of our prisons does not help the situation. Room must be kept for people convicted of violent crimes. Consequently, the person convicted on drug charges is treated as if he

were a white-collar criminal. The man arrested and convicted of drug violations and abuse very often is the same individual that commits robbery, break and entries, auto thefts and a myriad of other crimes. The drug dealer gives the user the reason to go out and perpetrate crimes described above.

We have the laws and the penalties to incarcerate individuals that are arrested again and again. We need judges willing to put these consistent lawbreakers away. Why should a person stop breaking the law when he is reasonably sure that his penalty will not be severe, even after getting caught several times? In the event he does go to jail, his sentence does not reflect what he actually serves.

A person who gets sentenced to 3 years may do about 9 months with good behavior. A 5-year sentence may necessitate an 18-month stay with the possibility of early release to a halfway house in the city, or possibly a work release program. This allows the violator to be on the street part of the time and in contact with drug connections.

We must become strict and eliminate the coddling of those that are caught in drug activity, especially the drug dealer whose only goal is money with no regard to the tragic consequences and devastation that they sell which ultimately ruins human lives.

Thank you, Mr. Chairman.

[The prepared statement of George P. Hemmer appears on p. 147.]

Mr. RANGEL. I want to point out to all the police chiefs and representatives of the chiefs that this committee and subcommittee will want to be getting together with you again, especially to see what we can do to coordinate a national effort with the National Police Chiefs which we know that you are actively a part of.

Because of the time restraints, I have to ask you to highlight your testimony. The testimony is in the record.

I am asking Jack Cusack to get in touch with you individually to see how we can continue this dialogue, not only for purposes of this hearing but to see what contribution your counterparts on the national level can bring to this question.

Inspector White.

TESTIMONY OF GEORGE WHITE, DEPUTY INSPECTOR, NASSAU COUNTY POLICE DEPARTMENT, NASSAU COUNTY, N.Y.

Mr. WHITE. We in Nassau County, which is the first county adjacent to the city of New York on Long Island, are seeing problems to do with the increase in particular with heroin, not so much the use or sale of it in Nassau County, although our arrests have gone up 2 percent as far as the heroin is concerned. But we are seeing drug users from New York City coming to a fairly affluent county, and they are affecting us with the crimes of robbery and burglaries.

We find the use of cocaine to be extensive in Nassau County. We are now working on cases and seizing kilos of cocaine with guns and so on.

One of the other problems that we have, sources of cocaine would normally, after working up the line a bit, will end up taking us

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back into the Jackson Heights area of Queens. This has been noted as the cocaine capital of the Northeast, if not of the United States.

Many of our arrests involve that we do get to the source that will come to Nassau County, are Colombian nationals. A problem that arises with us, if we seek to go further with the source of supply, we are sort of stymied. We deal with the DEA and the task force working in Nassau and Suffolk County. Any cases that take us back into New York City must be turned over to the DEA task force in the city. They of course are overburdened with other serious instances of heroin.

Just one thing I want to talk on. Prior speakers have said that drug education is a step to preventing drug crime. I disagree. I think there is a need for it, but in New York State drug education has been mandated since 1971. In Nassau County, many, many of our schools have good drug education programs from kindergarten through high school. That has not slowed the use of drugs.

I am not saying that arrest is not the answer itself, because over a period of years our arrests have just increased. That has not stopped the drug use. If you consider the sale of cocaine by New York State law to be equal to permitting murder, too, and even this doesn't stop them.

Mr. Hall from Texas mentioned before it gets to a position where you throw your hands up and feel like saying, "Who needs it." We in law enforcement cannot do that. We do the best we can and have to live with the consequences. We are seeing some decent sentencing being done, but we hear there is no room in the jails.

If we make a good case, and the judge sees fit to sentence the person to an extensive amount of time, there is no room to put him there.

I see arrests as not the solution, education as not the solution. In order to make it easier for us, New York State has given Nassau County and other areas certain money under State funds, under the major offense program. It has enabled the law enforcement people in Nassau County at least to make key low arrests of cocaine on our streets— including machine guns.

Much of the drug sellers, when they are arrested, we are recovering lots of stolen property from burglaries, from robberies and so on, and larcenies. We are seeing in most cases of large seizures or buys, we are seeing guns coming, with the possibility of course that the seller is protecting his stash so nobody rips him off. We are seeing a lot of possible violent elements.

Part of our situation may be, when I say arrest is not the solution, education is not the solution, we are seeing a tolerance and a public apathy toward drug use, in particular it is only marihuana, which is a lot of nonsense. We do enforce marihuana laws in Nassau County to the best of our ability, but we see a tolerance of marihuana and other drug laws by the courts, and in particular by the public.

Now, this is showing in ways, you mentioned that yourself before, we are seeing more and more law enforcement people getting involved in the use of drugs, use of marihuana, use of cocaine, selling in some cases. We just had an arrest in Nassau County for that. I am not sure that the apathy of the rest of the society is not wearing off on dedicated law enforcement agents. That worries me.

Thank you.

Mr. RANGEL. The committee members withholding their questions will be submitting them to you in writing.

We recognize you are our frontline troops, and this Congress cannot afford for you to throw up your hands.

We recognize you are not doing that, but we are all going to have to come together. The discipline of uniformed officers associations sometimes don't allow them to speak out as loudly for fear it may be interpreted as being political. But I guess you can gather here we are not involved in politics on this committee but we are going to have to find some way to come together and speak with one voice, and that is calling for more executive and more national attention to this problem.

I will have our counsel contact each of you personally so you can see in this area we will be reaching out to you. We hope through your collective efforts we will be able to pull together the national association so that we can coordinate.

Mr. Rodino?

Mr. RODINO. Thank you, Mr. Chairman.

I merely want to again commend the panel and, of course, recognize the presence of Mr. Hemmer, who is here. I would like to commend him and the Director of Police of the city of New York for their continued interest. I know that we have worked together and coordinated our efforts on this problem. I appreciate it because it has helped me daily with this problem.

I would also like to state that before you came here I talked with Director Williams, who has from time to time been before the various committees and has given us his valued testimony, and also I would like to add a very personal note.

I note that the deputy chief is aware of the fact of the presence of my nephew, Lieutenant Daniels, who has been a narcotics officer for a period of time and keeps us informed and educated. I know how effective the New York Police Department has been in dealing with this problem, and yet has to throw up its hands because of the insufficiency of support from the Federal Government.

Mr. RANGEL. Mr. Gilman.

Mr. GILMAN. Thank you, Mr. Chairman.

I want to join my colleagues in commending the police chiefs for taking the time out to give some thought and make some recommendations to our committee. I have looked over your testimony. We certainly welcome some of the thinking that you put into this testimony. I take it that none of you have been consulted by any of the Federal policymakers; is that correct?

Mr. CICCOTELLI. That is not totally correct. Not in the sense of consultation, but we did have people, notably Admiral Murphy from Vice President Bush's staff, who was in the city. We showed him what the problem was. We discussed the nature of the problem.

Mr. GILMAN. How recently was that?

Mr. CICCOTELLI. About 3 weeks ago.

Mr. GILMAN. The Vice President's staff.

Thank you. We certainly will be passing on your recommendations to the rest of the Congress.

Mr. RANGEL. And again, we will be back in touch with you.

I want to thank you for your contribution.

Mr. CICCOTELLI. If I may, in the spirit of a picture being worth a thousand words, I know you know what the situation is in New York City.

If any of your colleagues would like to be accompanied on a tour of our hottest drug spots, we would be only too happy to accommodate them.

Mr. RANGEL. We will take you up on that offer. If we cannot get the full committee, I will make a commitment that the New York members will be following through.

Thank you so much.

Before we adjourn, I want to tell the witnesses that were supposed to testify at 1:30, if they are here, the committee will recess until 2:15 this afternoon.

Thank you all.

[Whereupon, at 12:45 p.m., the Select Committee on Narcotics Abuse and Control recessed, to reconvene at 2:15 p.m.]

AFTERNOON SESSION

Mr. RANGEL. The committee will resume our hearing.

We have statements from all of the witnesses. We will have before us Richard Russo, assistant commissioner of the New Jersey State Department of Health, director, Division of Narcotic and Drug Abuse Control; John Gustafson, deputy director, government and community relations, New York State Division of Substance Abuse Services; and Joseph Sheehan, deputy director, Connecticut Alcohol and Drug Abuse Commission.

We want to apologize for any inconvenience we may have caused any of the witnesses.

I would want you to know that your entire statements will be a part of this record. The members will reserve the right to send written questions to you. And, of course, we would welcome at this time if any of the witnesses would like to highlight that testimony, certainly this would be the time to do it.

I call on Mr. Russo first.

TESTIMONY OF RICHARD J. RUSSO, ASSISTANT COMMISSIONER, NEW JERSEY STATE DEPARTMENT OF HEALTH, DIRECTOR, DIVISION OF NARCOTIC AND DRUG ABUSE CONTROL

Mr. RUSSO. Thank you very much.

It is a pleasure for me to speak before you today and present you with the written testimony that you have in front of you.

I have broken down the material that you have into basically four different areas, and because of the time, I am going to highlight just a couple of them which I think are somewhat critical.

The first area to which I call attention within the testimony is essentially what we consider some new innovative prevention activities which we have been involved in in New Jersey, community action at its best, I think, in terms of getting communities to realize their own problems, and helping those communities to solve those problems.

I am going to not dwell on that particular item now. But I think I would like to jump right into the second one, which is the drug

problem—the current drug problem, as we see it from our perspective in New Jersey.

Now, we have been able to estimate prevalence and incidence data of heroin abuse, and the information that we have pulled together has been really of utmost importance to us in identifying and responding to the rapid increase in heroin abuse in the northern part of New Jersey, since 1978 and 1979, through 1980 and through the current year.

We have also been able to show that recent reductions in treatment admissions, and I will refer to that in a minute, are not due to less drug use, but rather are a direct result of the reductions in resources that are available for treatment.

In Newark, for example, we estimate the treatment admissions for heroin users are half what they would have been without the reductions that we have received. Our data analysis indicates that heroin addiction remains at the same high levels in New Jersey as it has since 1979—while our ability to deal with this particular problem has diminished rather dramatically.

Let me refer to what I mean by our ability has diminished. In the last 2½ years, in the demand-reduction side, treatment rehabilitation and prevention, we have lost about $5 million—$4.2 million of that, Federal dollars, about $800,000 of that is State dollars. And with that $5 million reduction, which represents in New Jersey approximately 28 percent of our treatment and rehabilitation effort—with that reduction of $5 million over the past couple of years, we have seen a decrease in the number of facilities available to treat residents.

The number of facilities have gone from about 98 down to 80. The number of clients that we see during the full period of one year has decreased. They were at a high in 1981 with 21,000 clients treated. That right now is down to about 15,000 clients per year.

Our capacity in New Jersey to provide services on a day-to-day basis, how many people can be serviced on any one particular day in treatment and rehabilitation has gone down from about 7,500 to about 6,600. So that we have seen a significant reduction in our capacity to handle the substance abuser. Unfortunately, during this time of major fiscal reductions, the demand for the treatment services in New Jersey has continued to exceed our capacity to respond.

We originally extrapolated some data from the national and other surveys to provide estimates in New Jersey. We estimate there are over half a million marihuana users and over 100,000 cocaine users in our State. Our data indicate that cocaine and amphetamine use continues to increase at a substantial rate—although these drugs have been endemic among street users for years, their use is increasing at an alarming rate among other social strata.

In Atlantic City, for example, both cocaine and speed have assumed what we consider epidemic levels of use. The data that we have gathered on drug abuse problems we have analyzed and we have developed somewhat appropriate responses.

Methaqualone we have now rescheduled to schedule 1. I brought a number of papers with me in the packet that you can look at at your leisure that I think substantiates some of the items that I just referred to.

I want to make one mention of one of the documents attached in the material. A recent report that came out of the National Institute on Drug Abuse identifies heroin use at a variety of different locations—California, New York, New Jersey, Pennsylvania, and so forth. The result of this analysis is that New Jersey has the highest percent of heroin admissions of any State, the highest percent. New Jersey has the second highest number of heroin admissions, second only to New York.

I think that is rather significant, in terms of the highest percent of admissions of any State in the country, are heroin users in New Jersey.

Drug abuse remains a very, very serious public health problem as well as a social problem.

Some other estimates which we have identified. As many as 12 million drug-related crimes committed and usually in New Jersey related to, primarily to abuse.

The cost in dollars of heroin abuse alone in New Jersey has been estimated to be $782 million, three-quarters of a billion dollars in our State alone.

Without substantial improvements in the resources to address these problems, we can only see and look forward to a continuous deterioration of our situation.

Let me jump into the national data system. That is one of the questions the chairman had asked us to identify.

Two years ago it became very apparent that NIDA was reducing its support for CODAP—that is the national client level data collection system. We on our own, installed MINICODAP, which is a system designed for a State to use its own data collecting operation.

Our decision to maintain this client-oriented data was based on our past experience with the usefulness of the National CODAP system, which helps us to estimate incidence and prevalence and move our resources around the best we can. We found the same justification for uniform data at the State level exists at the Federal level. In the past CODAP did play a very integral part in the policymaking at NIDA.

Today, unfortunately, the National Institutes on Drug Abuse no longer has this capacity. Only a few States have adopted CODAP, others have developed their own, and others have elected to stop client-oriented collection data altogether.

The Federal Government is left with a sharply reduced ability to answer even the simplest questions, such as how many drug abusers are receiving treatment—a unified national data collection system requires Federal coordination and financial support.

Some States don't have the resources to implement and maintain their own systems without that Federal support. Without the ability to use this information, these States have little incentive to collect it.

The same situation occurs with the national drug abuse treatment utilization system, another collection system. The same relates to the DAWN system. Without the Federal support of these systems, there is no assurance that the data will be collected at all, let alone in a uniform and usable way, and without reliable and

valid data, a number of us will not have the ability to measure the extent of the drug problem and develop strategy to combat it.

Because of this, we strongly urge that Congress support the reinstitution of NIDA's leadership role in supporting these very, very important systems.

Another item I want to briefly mention is the Federal strategy 82. You did specifically ask that we relate to that. Federal strategy 82 assumes and does not question the basic historical policy assumptions that divides drugs into those such as alcohol and tobacco that can be legally used by any adult, those legally used, only if prescribed by a physician, and those legally unusable.

Within this perspective, the Federal strategy 82 is fundamentally similar to all previous strategies by continuing a model of simultaneously attempting to reduce the supply and the demand for illegal drugs. However, compared to the previous Federal strategies, the 1982 strategy signals a major shift in emphasis to international and domestic interdiction of illicit drug production and distribution, away from demand reduction through prevention and treatment.

Because the Federal strategy attempts to cover most major policy and program issues in the drug field, I want to highlight for you what I consider to be its major weakness from the perspective of our State agency.

This weakness is simply put—the abrupt reduction in the level of Federal contribution to prevention and treatment programs and a rhetorical assumption that the resulting financial shortfall will be assumed by State and local governments in cooperation with the private sector.

The limitation of this approach is compounded from my perspective by an assumption that the serious drug problem, particularly heroin abuse, is decreasing, an assumption, gentlemen, that is simply untrue in the State of New Jersey, and I believe untrue in the two States represented by my colleagues from Connecticut and New York.

The Federal strategy documents this financial shift in its own budget summary. Between 1980 and 1983, the outlays for drug enforcement increased 30 percent. The outlays for drug abuse prevention and treatment decreased by 55 percent. I can assume—I can assure you that in New Jersey no combination of State or local taxes, increased insurance benefits, private sector contributions, or community self-help groups will fill this gap in the time envisioned by the 82 Federal strategy.

While we in New Jersey support many of the very policy concepts and are indeed working hard to shift the financial structure in directions suggested by the Federal strategy, our experience with the abrupt shift suggests not an orderly and reasonable change, but a simple abandonment by the Federal Government of the prevention and treatment field. And this, gentlemen, I believe, is very, very sad.

[The prepared statement of Richard J. Russo appears on p. 157.]

Mr. RANGEL. I want to thank you.

I want to point out to you that the committee is suffering some transportation problems, and we will have to return to Washing-

ton. What I want to do is make certain we will be able to hear all of the witnesses this afternoon.

For that purpose, I am stating that we have the testimony. It is in the record, and I am asking the witnesses if they would be kind enough to highlight their testimony.

I want to thank you for your contribution, Mr. Russo.

TESTIMONY OF JOHN S. GUSTAFSON, DEPUTY DIRECTOR, GOVERNMENT AND COMMUNITY RELATIONS, NEW YORK STATE DIVISION OF SUBSTANCE ABUSE SERVICES

Mr. GUSTAFSON. Thank you, Mr. Chairman.

Following your lead, I will try to be brief.

Mr. Chairman, as you and your colleagues may know, we in New York State are unfortunate to suffer with the largest narcotic problem in the world—to wit, both Federal and State estimates place the number of narcotics abusers in New York State between one-third and one-half of those in the country, or approximately 241,000.

Although I would like to focus my remarks predominantly on the demand rather than supply reduction side of the spectrum, I would like to just briefly touch on some of the remarks made by previous speakers this morning.

We could not be in more agreement with the characterization of the failure of the current administration's war on drugs. All of the indicators we are confronted with here in the State point to the decreased availability and increased demand for treatment services.

As a result of the cocaine and heroin influx into our State, we have seen emergency room episodes increase by some 107 percent since 1979. Heroin/cocaine misdemeanor arrests are also up.

In the past 5 years there has been a 300-percent increase in the number of persons entering or seeking treatment for cocaine as a primary drug of abuse. The problem is truly one of epidemic proportions.

Let me just highlight for you, Mr. Chairman, what we see as the major shortfalls of the current Federal strategy.

On the enforcement side of the spectrum, clearly the failure to establish an effective antinarcotic task force in New York State, despite the Federal rhetoric, is unacceptable. There is a lack of coordination of drug enforcement policies and a failure to delineate clear lines of authority for overseeing the Federal effort.

President Reagan's pocket veto of the Violent Crime and Drug Enforcement Improvement Act of 1982, we feel, will only perpetuate the current situation.

As Mr. Russo very eloquently indicated, on the treatment and prevention and education side, due to the initiation of the Federal block grant program in Federal fiscal year 1982, a sizable amount of funds previously available are no longer there. In the transition from categorical to block grant programs, we in New York State lost $8½ million.

That reduction in money is translating into a treatment network that is strained to capacity. All of our programs are at 100 percent capacity or more, and we have extensive waiting lists for people just unable physically to access the treatment services.

This is a dilemma that is very unfortunate, when you take into account the well-demonstrated cost-effectiveness of treatment.

For example, the average annual cost to State and Federal Governments of an unemployed male substance abuser is $7,000. The cost of a crime committed by an active heroin addict within New York State is estimated to be $26,000 per year. If that individual, as inevitably many do, is involved in the criminal justice system, the costs from arrest, through incarceration exceed $20,000 per year. That same individual can be treated for an average cost of $2,840. We think clearly it is the cheapest game in town.

Let me not just dwell on the negative aspects of what we see the Federal strategy to have in it, but offer some concrete recommendations.

First of all, at a minimum, we would recommend that the $469 million recommended appropriation level off the Alcohol, Drug Abuse, and Mental Health block grant be maintained for 1984. In addition, we would recommend the appropriation level be increased to the authorized amount of $532 million.

We would like to underscore the attempt by many of those that preceded me for the establishment of a high level, Cabinet level policy coordinator with responsibility and authority to oversee all supply and demand reduction activities conducted by the Federal agencies.

We would encourage increased criminal penalties for drug trafficking, particularly asset forfeiture, which could then be used as a source of revenue to underwrite the very rapidly growing expenses for both the treatment and the enforcement side of the spectrum.

Finally, we would encourage the reauthorization of the Office of Justice Assistance and the Office of Juvenile Justice and Delinquency Prevention.

Finally, I would like to commend you, and the other members of the committee, especially Congressman Gilman, for the establishment of local citizen action groups in his district. Through his leadership, we have several active groups in that area of the State, and we are following that leadership throughout the State.

We have some 100 active participants and community action groups we are working with.

Mr. RANGEL. Thank you.

[The prepared statement of John S. Gustafson appears on p. 192.]

Mr. RANGEL. Mr. Sheehan, would you like to comment on your testimony?

TESTIMONY OF JOSEPH P. SHEEHAN, DEPUTY DIRECTOR, CONNECTICUT ALCOHOL AND DRUG ABUSE COMMISSION

Mr. SHEEHAN. Very briefly, the state of the problem—the issue of high abuse of heroin and increased abuse of cocaine is present also in Connecticut. Marihuana has not seen any decrease of any significant concern.

In terms of the issue of heroin, 60 percent of our caseload and treatment are those who are involved with heroin abuse. Connecticut's response to the problem for the last several years has been to sustain fairly status quo treatment and prevention effort. However, on July 1, 1985, we will be suffering a $1.6 million decrease in

funds. I think, gentlemen, it is very important to put dollars and percentages in perspective. Connecticut obviously is a small State with a fairly small budget. We are only talking about $12 million for both alcohol and drug abuse. Therefore, $1.6 million will have an incredibly severe impact on the total system within Connecticut, but in a very particular way in the treatment and prevention efforts.

The ADM block grant funding mechanism in one respect has been satisfactory. However, it did have some built-in assumptions that have not corresponded to the reality we have experienced in the last several years. They have already been mentioned in part. The first is that there would be a decrease in cost in administering alcohol and drug funds in any State.

That has not, in fact, occurred. It hasn't occurred because in order to plan effectively and allocate funds, you still need to have available personnel and financial resources.

Second, the States, because of the recession and other crunches, have not been able to assume what was expected of them or anticipated by them in terms of picking up the slack. That has not occurred.

And last, the private sector and the voluntary sector, although having made some efforts, have in no way made efforts that correspond to the incredible demand for treatment and prevention efforts.

There is a support for prevention strategies, of course. However, we would not want those strategies to jeopardize the present need for treatment resources in our system.

We, like New Jersey, have been able to adapt a data collection system of our own that is quite effective within the State.

However, there is also a need on the national level for a comparable system so that we can feed into it and it in turn can feed into ours.

Finally, I can do nothing more than second what has been repeatedly been the theme, both this morning and this afternoon, from my colleagues, of the need to return to an acceptable level of funding in a way that will allow the Federal Government to be the model and impetus for alcohol and drug prevention, interventions, and treatment.

It is that type of thrust needed on the national level because the State resources in themselves are not able to meet the challenge.

Thank you.

[The prepared statement of Joseph P. Sheehan appears on p. 200.]

Mr. RANGEL. I want to thank the entire panel, and to let you know that the staff will be in touch with you with additional questions.

Are there any questions at this time from the members?

Mr. RODINO. Mr. Chairman, I just want to commend the panel. I want to merely ask Mr. Russo—Mr. Russo, have you been consulted or do you know whether or not any person with corresponding area responsibility has been consulted prior to the announcement about this new task force by the Vice President?

Mr. RUSSO. Specifically, around the task force, no.

Mr. RODINO. Concerning their strategy?

Mr. RUSSO. No, I was not consulted. I don't know if other States——

Mr. RODINO. I am talking about New Jersey.

Mr. RUSSO. No, I was not consulted.

Mr. RODINO. Would you say, as has been stated—because I think this is a primary question that we have to ask—has there been on the part of the Federal Government the kind of commitment that you believe is necessary in order to address this problem, the problem of this magnitude?

Mr. RUSSO. No, I don't think there has been.

I think 3 or 4 years ago, I think there was a major commitment on the part of the Federal Government. I think it is retrenched, particularly in the area, the demand reduction side which I am primarily responsible for.

Mr. RODINO. Finally, do you believe if we don't have this kind of commitment, it is possible to deal with this problem effectively?

Mr. RUSSO. It is not possible to deal with it at the current level of support.

Mr. RODINO. Thank you.

Mr. RANGEL. Mr. Gilman.

Mr. GILMAN. Thank you, Mr. Chairman.

First of all, I would like to thank the Deputy Director, Mr. Gustafson, for his kind remarks about our community efforts. We want to commend the State substance office for all the good work they are doing in sending around people to assist in community endeavors. I think we cannot do enough in that direction.

I hope you will continue in that direction.

I note that earlier today, and you may not have seen or read this testimony, Mr. Califano recommended that we create a national institute on addiction. Would you have some comment on that? How do you as directors of your individual State programs feel about the need for such an institute?

Mr. GUSTAFSON. I will try to respond to that first.

It is our feeling that the mechanisms are in place with the current institute and the overseeing of the three institutes—namely, alcoholism and alcohol abuse——

Mr. GILMAN. Can you speak just a little louder?

Mr. GUSTAFSON. We believe there is an administrative mechanism in place to address the issue that Mr. Califano spoke to, with the Alcohol and Drug Abuse and Mental Health Administration.

I think to repeat the theme that has been echoed, what is needed is an influx of additional Federal dollars into the existing structure and a better means for coordinating what is already there.

Mr. RUSSO. I would like to commend and sort of echo what John said. I don't think whether it is called the National Institute for Addiction or the National ABC Institute, or the National Institute for Drug Abuse, I don't think that is the critical issue. I think the critical issue is the kind of support, both programmatic, legislatively, and fiscal support that is needed, that flows down to the cities that do the job. I don't think it makes a bit of difference what you call it. I think there is a mechanism in place to do that, if we really want to do it.

Mr. GILMAN. Mr. Sheehan, do you want to comment?

Mr. SHEEHAN. They said it eloquently.

Mr. GILMAN. In order to provide better demand reduction, and you are all talking about this, where do you think the emphasis should be placed at the national level?

Mr. SHEEHAN. I don't actually think it is an either/or situation. On the short term, we have to face the realities of the need for adequate treatment for those who are currently suffering.

And then you certainly need to have adequate prevention methodology put into place. But that is a long-term strategy, the results of which are not seen for sometime.

So it is a combination of both occurring at the same time in contrast to one being sacrificed for the other.

Mr. RUSSO. Just a comment on that particular question. I think every State has its own peculiar problems. I surely would not try to envision what is going on in the State of Kansas and how to deal with that. I think the critical issue is again to have the kind of Federal support for substance abuse, whether it is prevention, intervention, rehabilitation, and to permit, as the block grant does, permit individual States to tailor their program around the needs that they see, and not for me or anyone else or the Federal Government to tell a particular State how it uses that portion.

Mr. GUSTAFSON. I think a proper balance has to be struck between the treatment and rehabilitation need of those individuals afflicted with the problems of drug abuse on one side.

On the other side we have to take away the consumers. We have to begin early in a child's school life—I couldn't agree with that more. We have to mobilize communities, get the parents and work with them in terms of developing better parent skills, increasing their ability to communicate with their children, and get the entire community behind the problem.

Mr. GILMAN. Thank you.

Mr. RANGEL. Mr. Hall.

Mr. HALL. Thank you very much. I have no questions.

Mr. RANGEL. Let me thank the entire panel. We will be calling upon your expertise in the future.

The next panel is a group of outstanding professionals involved in treatment: Msgr. William O'Brien, president, Daytop Village, Inc., president, World Federation of Therapeutic Communities; Richard Pruss, president, Samaritan House; president, Therapeutic Communities of America; Dr. Arnold Washton, Department of Psychiatry, Division of Drug Abuse Research and Treatment, New York Medical College; Fr. Raymond Hand, executive director, ENTER (Ecumenical Narcotics Treatment for Effective Rehabilitation).

It is my understanding that the panelists are aware of the transportation problems we have, and have agreed to summarize their statements.

All the prepared testimony will be made part of the record.

Mr. Pruss, you may proceed.

TESTIMONY OF RICHARD PRUSS, PRESIDENT, THERAPEUTIC COMMUNITIES OF AMERICA, AND PRESIDENT, SAMARITAN VILLAGE, INC.

Mr. PRUSS. Thank you, Congressman.

As you stated, you have the written testimony.

I am very concerned with the posture that is currently being taken by the administration. I am fearful of that posture. I think that if we checked with the public, we would find out that the public believes that this administration is committed to assisting those who are in need, those who have addiction problems, that the administration is committed to seeing that a fine prevention program is in effect. I think that what we see from Washington right now is, as the President calls it, a war, but it is little more than a war of words. That while claiming that addiction is a top priority, the interdiction of drugs, the treatment of people and prevention of drug abuse is a major concern of the administration—we see drug abuse funding for prevention services and treatment services savagely cut back.

I think that through the efforts of the First Lady and her sincere concern with the problem of addiction, and the efforts being made by the National Federation of Parents, there has been a feeling that all of the population is being positively affected and that, in fact, the administration is backing up its apparent concern with dollars.

We know that that is not so.

I have the greatest respect for the National Federation of Parents. I think they have probably done more to get the wide understanding on the part of parents as to what their role, what their responsibilities should be in bringing up their children.

I think, however, that in assuming that all families are whole, that there are not families headed up by a single parent, that there are not parents who have to deal too much in day-to-day survival to give their children the type of guidance that they need is foolish.

We know that there are children whose only hope to not become involved in drug abuse are the efforts that are currently provided in schools or through funded prevention programs.

We also recognize that people who can afford to pay for treatment should, in fact, pay for treatment. But those who cannot afford to pay for treatment should not be excluded from being able to receive that treatment.

Those people have to rely on the dollars that are provided by the Federal Government or by the State government.

In New York State, the funds have been cut back from $31 million in Federal support in 1979 to $19 million in Federal support in 1982, a reduction of $12 million. All of our programs, as Jack Gustafson stated, are above capacity. Many of us are, in fact, treating more people for less dollars.

But not because we have managed to get rid of waste or "bite the bullet," but instead, in all candor, those we serve are not receiving the type of treatment they once received. Treatment cannot be as thorough, treatment cannot be as meaningful to those individuals.

As we see it, the attack on drug abuse has to be a three-pronged effort. Interdiction law enforcement, as well as treatment and prevention. You cannot really work effectively unless you work in all three areas. Although the administration seems to have committed funds to the interdiction effort, we certainly know that they have been reduced in the other two areas.

I would also question the viability of the interdiction that has been undertaken. I heard the chairman speak not too long ago and it seems to me that something is desperately missing which he mentioned. It is far simpler to cut off drugs at their source. It is far simpler to, through economic sanctions, to deal with governments that permit drugs to be grown and exported than it is to stop them at our borders. It would seem to me that if we are truly committed to attempting to stop the flow of drugs into this country, that the administration would have to insist on sanctions where drugs are a major article of export.

I have greatly reduced the substance of the remarks. I certainly would answer any questions.

Mr. RANGEL. Thank you. We recognize you do have a time problem, so stay with us as long as you can.

[The prepared statement of Richard Pruss appears on p. 214.]

TESTIMONY OF MSGR. WILLIAM B. O'BRIEN, PRESIDENT, DAYTOP VILLAGE, INC., PRESIDENT, WORLD FEDERATION OF THERAPEUTIC COMMUNITIES

Mr. RANGEL. Monsignor O'Brien, we thank you for taking time out to share your views with us today. Your statement will be made a part of our record.

Monsignor O'BRIEN. Thank you, Mr. Chairman.

I skimmed through some of the previous testimony. Rather than be repetitive, I would like to expose you to the length and breadth of drug abuse.

We have an adolescent center in Duchess County.

Our children, like John, who at age 5 was abandoned by his natural parents and forced to live with a surrogate father who sexually molested him. As a result he started abusing drugs at age 12 and before long was dependent on pills. Now 14, John has been in our residential program for 6 months and finally has a chance of making it.

Like Mary who is now 15. Before entering Daytop, Mary was living with her father who is an alcoholic. Her mother is dead. Two years ago, at age 13, Mary was kidnapped by two men who sexually molested her and then used her as a prostitute ultimately getting her hooked on heroin. Both Mary and her father are now in treatment and the prognosis is good.

Like Peter, age 15, whose parents died when he was an infant and was raised by his grandmother. Peter is a loving, caring person but he grew up with no positive stimulation. He started using drugs at 13 and was addicted to cocaine prior to entering Daytop at age 14. Peter had difficulty with his speech and could barely read or write. Since entering treatment 8 months ago Peter's reading level has improved from 2.9 to 9.7.

Mr. Chairman, in the light of those three lives, I don't know what the emphasis on the National Federation of Parents really means.

Thank you.

[The prepared statement of Monsignor O'Brien appears on p. 226.]

Mr. RANGEL. Dr. Arnold M. Washton, the Regent Hospital, New York City. Would you like to add to your testimony?

TESTIMONY OF ARNOLD WASHTON, DEPARTMENT OF PSYCHIATRY, DIVISION OF DRUG ABUSE RESEARCH AND TREATMENT, NEW YORK MEDICAL COLLEGE

Dr. WASHTON. Thank you, Mr. Chairman.

In the interest of time, I am not going to bother showing some slides I had brought.

I think everybody in this room is well aware of the fact that cocaine use in the United States has reached epidemic proportions with the National Institute on Drug Abuse 1983 household survey indicating over 22 million Americans in this country have already tried cocaine, and the numbers continue to soar at alarming rates as middle class and working class individuals become more heavily involved with this drug.

In the past 5 years alone, we have seen over a 200-percent increase in cocaine related emergency room visits and deaths, and over a 500-percent increase in cocaine related treatment admissions.

The troubling thing is that despite these alarming trends, cocaine continues to be viewed as a safe recreational drug by many people in the United States. While it is true that many people are using the drug occasionally, and their use does not escalate out of control, more and more Americans daily are becoming seriously addicted to cocaine and suffering serious consequences.

I am here today mainly to challenge the misconception that cocaine is a safe recreational drug—the results of a recent study I completed at New York Medical College as well as the benefits of my own direct clinical observations from treating some of the cocaine casualties.

In early February, we set up the first hotline in New York City where cocaine abusers could call for information, advice or treatment, and at the same time we took an opportunity to talk to them extensively on the telephone to get information about how they were using cocaine, and more importantly, the specific adverse effects of their cocaine use on their health and their psychosocial functioning.

In the areas of physical health, mood and mental states, social life, ability to work, damage to their financial status, legal problems, and lastly, a question that has not been asked in previous studies, were they involved in any serious automobile accidents while high on cocaine that they attributed to impaired driving ability.

I won't go into detail about the demographics of these people. That is in the testimony. Suffice to say that we had a fairly heterogeneous population of people including both blue-collar and white-collar workers, professionals, housewives, and people who were unemployed and people from all income categories. They were using cocaine itself through the intranasal route, free basing smoking it or injecting it, spending an average of an astounding $800 a week.

Most reported feeling psychologically addicted to the drug, feeling they had lost control over use and had an irresistible and over-

whelming compulsion to use it. They were suffering physical consequences, grand mal epileptic seizures. Such seizures are known to be fatal in some percentage of cases. Serious disruption to their mood, ability to work, their financial status, et cetera.

One of the most surprising findings was that those who were snorting cocaine, that is taking it by the nasal route, were just as seriously addicted and suffering just as serious consequences as those who were free basing smoking or injecting it.

This counters the popular notion that there is a safe way to use cocaine.

I think what our findings show is that contrary to popular belief, cocaine is an addictive drug, a high abuse potential drug which carries with it many dangers to the user's health and functioning.

One of the questions that is often asked about cocaine is is it addictive, and the question I think from our research and others is inequivocably, yes. There is no safe way to use cocaine. The large volume of calls to our hotline and subsequently the 800 cocaine number, the national hotline, indicate very clearly that is a public health problem that has reached epidemic proportions. We have been receiving calls on the hotline here just from the New York City area at a hundred a day, and the 800 cocaine number at the rate of a thousand a day.

One of the most frequently asked questions is why this current epidemic of cocaine use in the United States. And I will briefly just enumerate the several factors I think are contributing.

Mr. RANGEL. Well, if they are in your testimony and your study, I don't think you would have to outline them at this time—even though I have just checked with counsel—we would like to try to meet with you at a different time so you can elaborate on that study, because it is very important to the workings of this committee.

Dr. WASHTON. Thank you.

Mr. RANGEL. Thank you very much for your contribution.

[The prepared statement of Dr. Washton appears on p. 233.]

Mr. RANGEL. Father Hand, I guess you have been here long enough to see that most of the people have come here with prepared testimony. I see that you presented us this sheet of paper. I would want the members of this committee to know that I have never seen one person do so much with so little. Thank you for being with us today.

TESTIMONY OF FATHER RAYMOND HAND, EXECUTIVE DIRECTOR, ENTER

Father HAND. Thank you. I told your staff we were late in typing it up. It will be in the staff's possession by tomorrow.

Mr. RANGEL. I know the limitations that are placed on the church and on your staff. At any time that you would want to send a prepared statement, the record will remain open for it.

Father HAND. Thank you.

I am Raymond Hand. I am a recovered alcoholic myself and for the past 13 years, executive director of ENTER, an alcohol and drug treatment program.

For the past 13 years I have been working with drug abusers and alcoholics. I don't know what has been said previously by speakers. I can only second what I have heard this afternoon, that indeed we need more and more money treatmentwise for the vast amount of people that are abusing substances. And I think that what the gentleman just mentioned about cocaine, I would like to say in general that the whole problem of drug abuse, substance abuse, is out of control.

Every place you look in this city there are people smoking marihuana, using cocaine in public, not afraid of any law enforcement official. You can buy it almost anywhere in any city, and why did something like this come about? We have an administration that has cut back on social programs. We have an administration that has cut back and is putting its money in defense of this country.

And so consequently our people in East Harlem, the poor people, are cut back jobwise, opportunitywise, and there is nothing to do, and there is no place to go.

And so the easiest way to make money is to sell drugs. And the fastest way to get a dollar in your pocket is to sell marihuana. So that is what they are doing. If you don't have any money in your pocket, you don't have freedom. You don't have $1.50 to get on the subway to get downtown and come back. The more you cut back social programs, the more you cut back economic opportunity, the more the administration creates the atmosphere in which we presently live, and consequently the proliferation of drugs is simply out of control. All over.

Not only to say the selling on the streets, but also the smoke shops that have cropped up, the paraphernalia shops. And I would like to recommend to you an article in New York Magazine, by Nicholas Pileggi, December 13, 1982, entitled, "The Drug Business," where the author says in there that cocaine sale has been used, the moneys of which has been used to build high rises in the midseventies and mideighties and so on.

I think we have to look who is behind the scenes, and we have to call them to task and investigate them.

For example, I think, Mr. Chairman, you should call in and question in a committee like this the presidents of the boards of AT&T, IBM, General Electric, Mr. Helmsley, Mr. Spear, Mr. Trump. How can AT&T, IBM, build meccas on Madison Avenue to corporate power entities when the slabs of stone on the side of those buildings could fund our programs. We have 47 people in our drug residence trying to recuperate from drug abuse, 20 in our alcohol residence, and we are cut back because we are trying to help people, just the stones, just that archway to AT&T on Madison Avenue could fund every program here in New York City.

There are all sorts of things going around in circles in East Harlem and Harlem. For example, Mr. Helmsley built the Royal Palace across from St. Patrick's Cathedral and then lit up the back of the cathedral with lights at night. I say turn off all the lights at night until the lights go back on in East Harlem and Harlem, where it is burned out, and in those buildings where all the addicts live who are afraid to come out on the street, because they have no more veins, so they run the shooting galleries, and make a little money by renting the works for $2, letting the people in the door

for a $1, but afraid to face the sunlight because they are so sick and so addicted.

There are hundreds and hundreds of them in those dark-ended buildings. And I say turn those lights out, and give the money from those lights being put on St. Patrick's Cathedral back into drug programs, to help people come out into the light of day, and stand up and be the truly good people they are.

They are equally as good as any president of a board of computers or corporate America, and in the eyes of God they are equal.

I'd say, if I didn't know better, as I look at this scene, I would say legalize it. I don't see any way that the Federal Government and its Federal task force is going to have that much of an effect on stopping this. I know Congressman Rangel you tried so often in Cambodia and in other areas of the Far East to do away with these plants, try to get legal sanctions against these countries. That doesn't work too well, itself.

Our people were the first ones to suffer badly. Now, when it has seeped into corporate America, into white America, now, everybody is concerned. What I think we are seeing is we are reaping the whirlwind. And I say that it is a very dangerous situation that could explode any time.

I feel bad for our people.

One last thing. I think this present administration, even though Mrs. Reagan has been to many programs, I think the President of the United States should come and hear and see for himself what he has done by cutting social programs, economic opportunities, no jobs, nothing, no hope—and also as an aside, having been to Central America about 1 month ago, before he makes a decision and talks to the American people, he should go there himself and see the people—as he should come here, talk to our drug addicts, talk to the people on the street, look at what is happening, and maybe he would get a better view of America than what he presently has.

Thank you.

Mr. RANGEL. Thank you.

Mr. Gilman.

Mr. GILMAN. Thank you, Mr. Chairman.

First of all, I would like to commend Monsignor O'Brien. I am fully aware of what Daytop has done in a significant way in addressing some of the treatment problems. I would like to note that our select committee visited the Vatican and met with His Holiness and also saw the model program at Castle Gondolfo fashioned after Daytop. I was advised some of our Daytop personnel are there running that program, which is proving to be a very effective program. I want to commend the diocese for tackling the narcotics problem, doing some good work in our own area, as I assume it is doing throughout the country at the inspiration of the church.

The things we are hearing today are certainly important to us.

I would like to ask the entire panel what in your opinion would be the most important thing that we could do in the Congress to improve treatment programs, to improve rehabilitation. If you can give us a short answer. Why don't we start with Father Hand.

Father HAND. I think we would have to make the problem known to the other congressional people and to the Senators and to the President himself, that there is need for moneys to keep treat-

ment programs going, such as Daytop ourselves, where we are helping to treat people. The constant cutback means we have to cut services and limit the amount of people we can possibly treat.

Monsignor O'BRIEN. We have spoken before a number of committees. It is very difficult to plead our case in 1983. They are cutting off dialysis machines, they are turning their back on the retarded. What right do we have to speak, really, in a time such as this.

I have been around this field too long, I think—seven Administrations, since Eisenhower, I think the climate now is the most dangerous I have seen in 26 years. If you want to play the game of AWACS, fly them over Hoffman Laroche and the neighborhood pizza parlors. That is where the drugs are. They are coming out of a variety of places. If you bottle up with great fan fare the ports of the United States, which you really cannot do, the people take the impression that you are scoring 100 percent on the drug problem, and you are lying to them. You are hitting 10 percent. Behind the other 90 percent, alot of kids are dying, like the youngsters I spoke to you about.

But you are fooling the people. They think through this grandstanding you are really committed to this problem zone, and you are not. There are kids dying.

When you talk about comic books and drug abuse, you are approaching the most ridiculous charade I have heard in 26 years. Father Hand—he is in the front trenches. He will tell you that as a drug abuser, I infect three to four a month. You can publish every bit of printed material you want, and bombard kids with films and celluloid. I will infect faster than you can prevent. And we are not recognizing that reality in 1983. We are back where we were 26 years ago.

And it really hurts. Because this man on my left, I don't know how he keeps going. He is drowning. At Daytop, we take kids and put them in treatment away from New York City in upstate centers. We have a thousand of them now involved in treatment.

What can the Congress do? Pull the covers off the current charade.

Mr. GILMAN. What would you recommend as the most effective action that could be undertaken by the Administration once it pulled the covers off?

Monsignor O'BRIEN. We are in favor of interdiction. This is the best enforcement we have ever had. It is moving up the score from 2.6 to somewhere around 8 percent. We are totally in favor of that. But they have to interface. Enforcement has to interface with treatment. Police must work closely to take these kids and put them into treatment, to get them out of circulation. Once you get me out of circulation, you have made your best investment into prevention. They are no longer infecting 3 to 4 others a month.

I think Secretary Califano talked about setting up an institute on addiction. We have an institute on drug abuse already. And the role of the institute is to pull the act together. Let them do it. They are working out of a telephone booth now. They were an institute once. But they are now a telephone booth operation.

Mr. GILMAN. Thank you.

Dr. WASHTON. May I respond to the question? I think we have a rather vast untapped resource in the private sector. We have been

relying only on public funding up to this point to address the problem—although it is clearly spreading into the middle-class segments of society. In our facility at New York Medical College, we have seen the very positive impact of having patients contribute a portion of the cost of their treatment. I think there are two factors that are prohibiting the private sector from being better equipped to deal with drug abuse problems, so that the burden does not rest entirely on publicly funded programs.

One is that substance abuse, diagnosis, and treatment, is not yet a standard feature of training for physicians or psychologists or other mental health professions. I think it should be mandatory that everyone going to medical school or going through a graduate program in some mental health field learn how to diagnose and treat these problems.

Second, most insurance companies, third-party payers, have very limited or nonexistant reimbursement for drug or alcohol abuse treatment. I think if those two issues were addressed, health professionals in the United States felt more comfortable and were more competent in addressing these issues, and if patients could receive adequate reimbusement, then the private sector could relieve some of the tremendous burden from the public programs.

Mr. GILMAN. I thank the panel for their comments.

Mr. RANGEL. Mr. Towns.

Mr. TOWNS. Thank you, Mr. Chairman.

I would like to direct this question to Dr. Washton. There is a lot of talk about various treatment modalities. Methadone maintenance and others. Then you have the drug free treatments. My experience has been that the drug-free programs generally feel that the methadone maintenance really have no place in the treatment mode. Could you respond to that?

Dr. WASHTON. Yes. That is a excellent question.

I think for many people working in the drug abuse field, we have come to the conclusion the hard way that there is no single treatment modality that is best for all clients.

Tailoring the treatment to the needs of the individuals is an absolute must. There are patients who do very well in drug free therapeutic community type settings, others in methadone, others in long-term in-patient. I don't think we are going to find a single treatment that is going to be best for all patients.

Our attempt to do so has stemmed from the fact that we have been working for many years, handicapped by the stereotyped notion of the narcotic or drug addict, that show all of these people can be lumped into one diagnostic category and we should be able to find one solution to the problem. When you have so many millions of Americans involved in this self-destructive behavior, and it is stemming from such different sources for different people, I don't think we should any longer pursue the idea of developing one single most effective treatment.

Mr. TOWNS. Thank you very much.

Mr. RANGEL. Chairman Rodino.

Mr. RODINO. I have no questions.

Mr. RANGEL. Father Hand, were you aware that the First Lady had invited any number of parents to visit with her at the White

House, paying their own way, in order to discuss this problem with her? Did you send any parents to the White House?

Father HAND. I didn't know anything about it, Congressman.

Mr. RANGEL. Monsignor, is Daytop a part of the archdiocese program?

Monsignor O'BRIEN. No, Mr. Chairman, it is a private program.

Mr. RANGEL. Well, we want to thank you soldiers who are in the trenches. I also want to thank you for the confidence that you have placed in this committee. It is only because of the courage of your type of testimony that we feel that perhaps we can turn this around and perhaps to let this admininstration know that it is a real threat to our national security if it doesn't get a higher priority.

We have had people from law enforcement, and they too recognize they are losing professionalism, losing their credibility, and the institution of law enforcement is crumbling because of the inability to enforce the law. And I think that as we enlarge our forces, and people are courageous enough to say the whole country stands in jeopardy or die, then perhaps some of the parents that cannot make it to Washington appreciate what you people are doing out there. We thank you for your patience with us this afternoon and your contribution.

Our last panel will be Levander Lilly, special assistant to the chancellor, New York City schools; Francis A. McCorry, director, drug abuse and alcohol prevention, department of education, archdiocese of New York; Joan Ball, president, New York State PTS; and Geraldine Silverman, member, board of directors, National Federation of Parents for Drug Free Youth; Drug Awareness Chairman, Millburn PTA.

As the Chair has pointed out, your full statement will be printed in the record. You will be given 5 minutes to highlight your testimony.

Mr. RANGEL. Levander Lilly, we welcome your testimony.

TESTIMONY OF LEVANDER LILLY, SPECIAL ASSISTANT TO THE CHANCELLOR, NEW YORK CITY SCHOOLS

Mr. LILLY. Thank you. On behalf of the board of education and our chancellor, I am happy to present the view of the board of education relative to the questions which you outlined in the letter that you forwarded to us.

Realizing that you have my testimony, and also in light of the time, I will briefly summarize.

First, drug abuse is a major problem, as we well know. Also we know that the school-age children and the community are not immune to this terrible problem. I think statistics will bear that out, as well as our own experiences.

I would also like to point out briefly that as you probably are aware, we are finding more and more younger children resorting to drugs. We are finding out that alcohol, cocaine, and heroin are back on the increase. We are quite concerned about these drugs in particular, along with PCP.

I would also like to share with you a few statistics, for you to further understand the extensive problem and how it affects most communities and many of our school-age children.

For example, if I may quote some statistics that were recently published by the State division of substance abuse services, they point out that one out of every four people in the State 14 years and older has taken an illegal drug or used a legal drug without a prescription. Fifty-one percent of the students in New York State have used at least one substance.

I think a more threatening statistic is that there has been a significant increase in abuse of substance among younger children in elementary schools.

I must hasten to point out that as we talk about elementary schoolchildren, and children resorting to drugs at an early age, we have been forced to cut back greatly on the prevention and intervention services that were once provided to these grades because of budget cuts that have taken place over the years.

I would also like to address another area of question on the memo that was forwarded, and that is how the problem affects the schools.

I would like to point out that in a recent report, it was reported that $12 million in school property was lost, and a lot of this has to be attributed to substance abuse.

We also believe that there is high correlation between truancy cases, playing hookey and drug abuse.

I think several research reports clearly show some type of connection between truancy and drug abuse.

We also have another startling statistic. We believe that there is a close correlation between many of the youngsters who drop out of school and drug abuse.

If indeed these schools are a reflection of society at large, we can expect the drug and alcohol abuse will constitute one of the most significant problem areas within the school setting. The causes are multiple and complex, and many of them are clearly beyond the authority of any school administrator, such as massive unemployment, racism, disruptive family structures, just to name a few.

However, it is clear that the school system has a major role to play in combating this terrible problem of substance abuse.

Over the last 12 years, the school system has played a major role through its 32 community schools district programs and the SPARK program which serves the high schools. I understand that Mr. Califano reported this morning. He did a study which clearly indicated that New York State has some of the most effective drug prevention, intervention programs in the country. And he recommended in his 1982 report that other States should use New York State as a model in terms of developing prevention and intervention programs for their school-age children.

There is a lot of truth in the old saying that an ounce of prevention is worth a pound of cure. As you listen to some of the figures of how much it costs to keep someone incarcerated for a year, it costs roughly $30,000.

For treatment programs, roughly $2,100. And for prevention programs, $51.90.

In closing, I would recommend very strongly to this committee that we need better coordination of services of the various drug modalities.

I would recommend that NIDA, the National Institue on Drug Abuse, play a more active role in these programs. I would also like to point out as was mentioned earlier, that handing out a comic book to school-age children as a way of dealing with the drug problem really is just whistling in the wind. There is no way that a comic book can deal with such a pervasive problem as drug abuse.

I would also recommend—here again I am talking specifically about prevention—that NIDA take the leadership role in developing evaluation models so we can determine once and for all the various approaches and their feasibility in terms of working with certain school-age children in certain settings.

Thank you very much.

Mr. RANGEL. Thank you.

[The prepared statement of Levander Lilly appears on p. 236.]

Mr. RANGEL. Mr. McCorry, we understand your testimony will be coming. We will allow the record to remain open until such time as it arrives.

TESTIMONY OF FRANCIS A. McCORRY, DIRECTOR, DRUG ABUSE AND ALCOHOL PREVENTION, DEPARTMENT OF EDUCATION, ARCHDIOCESE OF NEW YORK

Mr. MCCORRY. Thank you, Mr. Chairman. I would like to just briefly delineate the views offered by my program and the other program in the archdiocese of New York, and then speak to the role of the Federal Government in terms of school-based prevention.

My program is under the director of the archdiocese of New York drug abuse prevention program. We are school based. The archdiocese of New York extended from the tip of State Island, avoids Brooklyn and Queens, and heads up for the seven counties north of New York City.

Our services are essentially information, which is classroom presentations and assemblies, designed to provide accurate information on drugs and to dispell some of the misinformation that kids labor under in terms of their choices around drug abuse.

Our second range of activities is what we call secondary prevention which is developing values, providing a forum for discussion of developmental issues that affect the child's choice versus his use or nonuse of drugs, such as a user's identity, intimacy, sexual, and self-esteem. We do that through peer counseling as well as what we call transition groups for children who have changed schools, gone into a high school, and we will work with kids around just the issues of transition to a new school.

Our third services is intervention, in which we work with kids at risk or who have already initiated drug use, particularly marihuana and alcohol. We employ a particular group model trying to take advantage of the natural dynamics of peer pressure in adolescence, we employ the multi-aid model.

We also provide crisis intervention and referral.

Back in 1980, the cardinal's commission on youth, drugs and alcohol reported to his eminence as to the extent of the problem of drug abuse in New York State. As a result of the work of that commission, another program has been started which is called the substance abuse ministry. This program is a program of community-based volunteers that are trained in substance abuse issues. The intent is for them to work at the local level, their own community, in terms of highlighting the problem within the community, heightening awareness, and promoting involvement of community members in terms of addressing the problem.

There is a small staff that is scattered throughout the archdiocese. Essentially it is meant as a voluntary effort in providing some training so that local programing can be done by people at the local level.

The things that we have in common, these two programs, and that I think have to exist in any kind of prevention program are three aspects. One is accurate information has to be provided. You have to work with the cognitive aspect of the child.

Second, you have to provide support for the completion of developmental tasks, and issues particular to adolescence. You have to work with the effective and psychological domain. You have to provide courage for users and kids at risk.

What is most upsetting is that in terms of what I perceive and see to be the Federal Government's responsibility in terms of prevention programing is they have ignored the last two aspects. What they have done is opted for information. The famous comic books. I have been sitting back for an hour listening to everybody berate the comic books. I can only concur, to make that a centerpiece of an approach to prevention programing is to obviously miss the point of what prevention programing is all about. You don't hand comic books to kids as a way of stopping drug abuse. It is akin to telling a misbehaving child to grow up. That is not the way you get kids to change behavior, by urging them or encouraging them to do otherwise. You have to work with the child in order that the behavior can first be minimized and then eventually changed with a great deal of work and counseling.

The Federal Government, the present administration has made what seems to be the centerpiece of a prevention program in terms of drug abuse. They have set aside 20 percent of their block grant for prevention, while they have reduced the overall funding for prevention and treatment programs. It makes no sense to say you are going to spend 20 percent of your money on prevention, when there are 421,000 heroin abusers in New York State, waiting lists for treatment. The loss of funding, despite the seeming emphasis on prevention, is tantamount to an abdication of responsibility on the Federal Government's part in terms of youth, and an abandonment of those youth.

Finally, I would just say I think it is time to really try prevention, not in terms of comic books and films, but in terms of putting in place in every school, in every district in the United States qualified personnel whose jobs are twofold.

One, to provide the education and alternative activities for kids not involved with substance use, and second, to work with those kids who have initiated substance use.

Within the context of those twofold tasks, such things as education, as didactic material have a place. But you cannot make as a centerpiece didactic material when you are working with kids.

I would encourage the members of this committee to try for a change in prevention, since it is obvious no matter how much treatment is available, there will always be too many people in need of treatment and too many drugs for those people to take.

I think it is time we looked forward rather than backward in terms of this problem, toward putting structures in place in our schools and communities that help kids grow up.

Thank you.

Mr. RANGEL. Thank you.

[Mr. McCorry's prepared statement appears on p. 273.]

Mr. RANGEL. I yield to my colleague from New York to introduce the next witness.

Mr. GILMAN. Thank you, Mr. Chairman.

I am pleased to welcome before our committee Joan Ball, the president of the New York State Congress of Parents and Teachers. I might add, Mr. Chairman, Mrs. Ball has also acted as the chairman of our narcotics advisory committee in our own district that has been experimenting and trying to have a proper community involvement program.

TESTIMONY OF JOAN BALL, PRESIDENT, NEW YORK STATE PTA

Mrs. BALL. Thank you for the opportunity of the PTA to be here. PTA is not very knowledgable. I can't appear as an expert witness about treatment programs, although we are in the forefront of asking that funding be continued for treatment programs. We have zeroed in in the last 15 years on school-based prevention programs. It seems as the years go by, and the programs seem to prove themselves more and more, we have to go back more and more to fight for the funding. A program that works, instead of being expanded upon, has found itself with reduced funding. I am talking about training people who work in schools to work with children.

Although PTA has been working with parents for the past 20 years on the problems of drug abuse and recognizing drug abuse and sending out the guidelines for teenage parties and warning signs on drug abuse and the effects of marihuana, both real and imagined, everything that we could think of to help put in the hand of parents tools for working with their own children—you do need, because the children are in school so much of the time, a lot of the activity in terms of prevention of drug abuse has to be in the schools.

There have to be people in the schools for our children to turn to when they cannot turn to their parents. And that happens in more homes than many of us would like to admit, that we have to have people in the community and in the schools where children can go.

Certainly, we believe our kids are not the cause of this problem. They are the effect. And if we could do anything about turning off today's entertainment industry the highlighting of the use of drugs, if we could do some of the turning off of television commercials making kids believe taking a pill solves all ills, if we could do some of the turning off on people who should be role models in

sports, entertainment, or politics, who talk like it is a joke to get high, then perhaps we could start turning around our young people today to move away from drugs and get high on themselves.

And I didn't like that campaign—get high on yourselves. I thought using that term was not in the best interests of our children.

We have been working in the 22d Congressional District, we have a Community Drug and Advisory Committee—businessmen, educators, politicians, religious leaders, law enforcement officials, everyone we could get to get together and talk about this. We know a lot of the people sitting there talking are not the people who should be there hearing it. But we are trying to find ways to reach those people and perhaps help them with both themselves and their children.

We also work with—we helped form CAPDA, our Division of Substance Abuse Services formed the Citizens Alliance to Prevent Drug Abuse. We have a newsletter. We are very disturbed when groups like NIDA who have been training people to work with children have had funds cut, so that some of those people cannot now be trained.

PTA also took part in a conference on children of alcoholics called by our previous Governor. We have been working with the schools on such, in trying to identify the need of those families.

I think it might be interesting for you to know that on November 2 and 9, the public services stations will be putting on, "The Chemical People," and those two broadcasts will be aimed at starting community groups very similar to that started in the 22d Congressional District.

We hope it will spread.

I think the important message, if there is any message at all, is that the Federal Government and the State government and local government, has to put its money where its mouth is. If we are really talking about prevention, the funds must not be cut. If we can give any message, it is that this is really a waste to put too little money into programs like this, and we might as well not have any. We have got to fund them so they can do the job they were intended to do, and so we can turn around this terrible problem we have of this epidemic.

Mr. RANGEL. Thank you.

[The statement of Joan Ball appears on p. 275.]

Mr. RANGEL. Next, and certainly not least in terms of importance, but only because of the way the staff has scheduled the hearings, is Mrs. Geraldine Silverman. She has demonstrated not only local, but national leadership in this area. We thank you for your patience.

TESTIMONY OF GERALDINE SILVERMAN, MEMBER, BOARD OF DIRECTORS, NATIONAL FEDERATION OF PARENTS FOR DRUG FREE YOUTH, DRUG AWARENESS CHAIRMAN, MILLBURN PTA

Mrs. SILVERMAN. Representative Rangel, distinguished Members of the House of Representatives, it is an extreme pleasure to be here today.

I have submitted my written testimony. In addition to that, I have given you a fifth and sixth grade prevention program, because prevention does not begin on a junior or secondary level or a high school level. We not only wish to share it with our community, we shared it with our state PTA. It is way too late for prevention after the sixth grade.

In addition to that, I have given you an outline of our drug committee, which is an ongoing 12-months-a-year committee which features and highlights a drug prevention week. All of these are without Federal funding. I agree alot of money is going to be needed. But let's put our dollars where they can count. And a lot of it doesn't take money. It takes recognition.

I would like to devote my time on observations of these hearings, and how really important they are, and where we can be most effective.

No. 1, until we relate the drug problem to the middle class and to the working class and to the average American family in this Nation, we will get nowhere.

I understand, because I have worked in ghetto communities, and I know what is going on. I sit here today with one of the most distinguished men in this Nation, Pete Rodino, who really founded programs—but the average middle class American family doesn't relate to them. And they don't relate to the pictures that Mr. Califano, as much as I respect him, showed each of you today. When you take John Phillips of the Mommas and Pappas, a West Point graduate, whose family goes back with a hundred years of West Point history, and you show his arm, that means something. When it can happen to my kid and to all of our kids, and to your kids, and when it is happening in Short Hills and in Mendon, when you are losing the best of your Nation, then this country will wake up.

Until we relate the drug problem to all of these people, these exercises are only a participation in rhetoric. Massive education must be started immediately, not only to the youth of this Nation, but to the adults as well. We can never reach youth unless we change the attitudes of the adults of this country. When I went down to the hearings in 1980, the Senate hearings on the health hazards of marihuana, and I talked to the aide of the congressional committee there, both the Senatorial and Representative aides, when I am told drug taking is being done on Capitol Hill by the aides of Congressmen, what do you expect of the youth of the Nation.

It is an attitude that these drugs are recreational, harmless.

Until we have recognition that marihuana is a very hard real drug we will get nowhere. We talk in terms of soft drugs, marihuana—it is the No. 1 illegal drug of abuse in this country, and any use is abuse. There is no such thing as recreational use of these drugs—we have got a serious problem. And that is probably one of the greatest reasons that we cannot go any further or make any inroad, because this Nation, broad middle-class America has accepted the use of marihuana. And I think that is a tremendous problem.

Any further talk of relaxation of marihuana laws or any drug laws is ridiculous. How many people go through, or speed along the highways through a 55-mile zone? Because it is not working—would you say take down all the speed signs? We had here a gen-

tleman, Mr. Califano from whom I heard hours of testimony about interdiction and trafficking overseas. How about this Nation? And I almost flew out of my seat to hear my friend from California, who is not here this afternoon talk about marihuana laws.

How can you talk to Colombia or go to other nations when the largest grower of marihuana and the No. 1 crop, in the State of California, is marihuana. And it is not avocados or pineapples in Hawaii. It is marihuana. And until you recognize that, stop telling Colombia and Jamaica what to grow. When you understand what the laws are in each of these nations—if those people do drugs we will make progress. What would you face in Turkey? What would you face in China. Do you know what the drug laws in Japan are? When you understand it was just Friday that the Supreme Court had to rule that we could use our Coast Guard to even interdict in drug smuggling we had not been able to use it. Then you will understand what we are up against.

I am teaching voluntarily drug programs throughout the State of New Jersey. Do you know what has happened to our children along the Jersey shore? Little fishing boats that go out to the ships bring back drugs that are being sold on the wharves to all of our kids. It is beginning at very young ages.

If I were going to make recommendations right now, how important are these hearings? I have listened and watched the congressional hearings on television. I have seen the fruit fly. They had full hearings on the fruit fly. I could go home and watch the hearings on the fruit fly. Will I be able to watch these hearings?

If I was having two 747 airplanes killing 1,000 people a week, crack in midair, would we have congressional hearings? Would we have "CNN News"? If I lose 1,000 AIDS people a week, would we have congressional hearings? Well, I am losing that in the United States of America on drug-related accidents. And CNN is not here, nor are the newspapers. These hearings won't even be televised.

What can the Government, what can Congress do. Don't wait for the President. That is No. 1, Mr. Rodino, because you have been in the forefront, and you know how important this problem is, until you raise the stature of this committee to a permanent committee that is even bigger and more important than the Judiciary Committee and the Ways and Means Committee, it will interest no one. And that is what it is going to take.

If I were living with a man, since 1976, I wouldn't feel—I wouldn't hesitate to ask him for a commitment. Mr. Rodino, I am asking you on behalf of PTA's and on behalf of the National Federation of Parents to give this committee permanent status. We have a permanent Agriculture Committee. And, boy, we are the breadbasket of the world. We are going down the tubes, not because of a bread problem but because of a drug problem.

I made a lot of recommendations in the past.

If you put that kind of pressure and give this kind of distinction to this committee, the President is going to sit up and listen, whether it is Carter or Nixon or Johnson or the present administration of Reagan. We have done a lot of knocking of Nancy Reagan today. She has done a lot to help.

I would like to outline and briefly tell you—the things we can do. On a State and local level, we must start education in the earlier

grades, and that is in the elementary school. It can be done voluntarily. I can train millions of unemployed teachers right now.

School authorities must stop sticking their heads in the sand when it is obvious students are using drugs in their schools.

Parents must be made aware and face the fact their children may be part of these statistics. Communities must network. They must start programs in their own communities and stop asking the Government to do something. The police must crack down on sources and drug dealers must be punished severely. A lot more publicity on a Federal, State, and local level must be given to the drug problem. I bet I cannot find these hearings on page 202 tomorrow in the Newark Star Ledger.

[The prepared statement of Geraldine Silverman appears on p. 278.]

Mr. RANGEL. I want to thank you for your eloquent testimony. Certainly, if you want to support making this a permanent committee——

Mrs. SILVERMAN. I appeal to you as a constituent to do that. And we will begin getting recognition.

Mr. RANGEL. Recognizing that we have to go soon, I would ask the members of this committee whether we want to make any statements at this time.

Mr. RODINO. I merely want to commend the panel, especially the last speaker. I think Mrs. Silverman has been very eloquent and emotional. It is certainly worth not only of consideration, but a challenge. And we expect to continue our interest.

Mr. RANGEL. Mr. Gilman.

Mr. GILMAN. Thank you, Mr. Chairman. Recognizing our time constraints, permit me to commend our PTA representatives, and parents group representatives, and to the Chancellor, and the diocese representative, for their underscoring the need for community involvement. I think we have focused today on that point more and more, that there is a need for a national alert. We have to raise the public's consciousness to the problems so eloquently pointed out by all of you today, and particularly Mrs. Silverman, her last comments, to raise the public's consciousness to the crisis nature of the problem, and then to try to find some more effective solutions.

We appreciate your taking the time to present your testimony. I only regret that the cameras that were here this morning were not here to hear this eloquent panel today.

Thank you for joining us.

Mr. RANGEL. Mr. Hall.

Mr. HALL. I have no questions.

Mr. RANGEL. Mr. Towns.

Mr. TOWNS. Thank you very much, Mr. Chairman.

I would like to commend all the members of the panel. They have given us a tremendous amount of information. I would like to thank all of them for it.

I would just like to comment on one thing, Mr. Chairman.

I am a little concerned about the fragmentation. I sort of heard it as I listened to the various speakers. I think if we are really going to get at the problem, we have to have a comprehensive approach to it. I just don't see that. I think if there is anything this committee is going to do, we have to begin to talk very seriously

about the approach to the problem. As I listened to the comments from Mr. Lilly, I also gathered from his testimony there is fragmentation.

We must have treatment and all the things must go hand in hand.

I am hoping somewhere alone the line we will be able to get that message across, the comprehensive approach to the problem is necessary. Thank you very much.

Mr. RANGEL. I thank the gentleman for his observation.

I would hope that we can continue this dialog. Mr. Lilly has indicated the 1982 Califano report was highlighted as something that should be followed. I ask you, Mr. Lilly, to write to me as chairman as to what your board is doing in terms of bringing together other chancellors and other boards of education, so that the voices of our educators can be heard. If you have any problem in thinking that it will not be heard, join with us and we are going to try to do it.

Mr. McCorry, people are not aware what the archidocese is trying to do. We see the cardinal, but we don't see this type of work, because of where this work has to be done. We don't want it just to be a Catholic project. We hope we can take it to the Protestant Council, to the board or rabbis, to our spiritual leaders and let them know this is spiritual work as well as helping human beings.

Certainly, for the 22d Congressional District, you don't need any advice from him, since you have an able representative there.

It is not a question of not thanking the First Lady. If we can get as much attention from the First Man as we get from the First Lady, we won't have the problem that we have today.

We hope that you continue your work and know that we want to work hand in hand with what you are doing. We congratulate you, not only for what you have written to us, not only for what you have said to us, but also the manner in which you delivered your statement, Mrs. Silverman.

On behalf of the full committee, we thank you.

This committee stands adjourned.

[Whereupon, at 4:05 o'clock p.m., the subcommittee was adjourned.]

[The following was received for the record:]

PREPARED STATEMENT OF JOSEPH A. CALIFANO, JR.[1]

Mr. Chairman and members of the committee, nowhere in American life are public policy and political rhetoric so out of touch with reality as they are in the area of drug abuse.

Every recent administration has huffed and puffed about the drug problem, but last week the General Accounting Office, the non-partisan, independent investigative arm of the Congress, blew the Federal Government's own house down with a report that convicts it of chaotic failure to fulfill the one clear responsibility it alone bears—the responsibility to keep heroin and other dangerous illegal drugs out of our country.

The Attorney General, and Governor after Governor, deplore our brutally overcrowded prisons and ask our people to put up money to build more. But—almost as

[1] Mr. Califano was President Lyndon Johnson's Special Assistant for Domestic Affairs from 1965–69 and Secretary of Health, Education and Welfare from 1977 to 1979. From 1980 to 1982 he was Special Counselor to the Governor of the State of New York on Alcoholism and Drug Abuse and wrote the 1982 Report on Drug Abuse and Alcoholism which was published by Warner Books. Presently he is senior partner in the Washington office of Dewey, Ballantine, Bushby, Palmer & Wood.

through a conspiracy of silence—public officials pass over the single most important fact about bulging prisons: More than half the inmates are there because of addiction to heroin or some other drug.

Scores of prominent judges and lawyers rail about overcrowded criminal dockets choking the court, probation and parole system. But they don't focus on the key cause—the fact that drugs and alcohol are the single most important factor in property and violent crime in these United States.

The national news media—networks, wire services, news magazines and the major newspapers and newspaper chains—prominently reported that one aide to a Senator, a Harvard Law School graduate, was caught buying heroin to feed his drug habit. But it's difficult to find a story about the thousands of inner city heroin addicts on the streets of Harlem and Bedford-Stuyvesant who kill and main themselves each day.

Educators, Presidents and Presidential candidates rightly complain of the decline of American education and the need for a return to excellence. But how unreal that must sound to school administrators and teachers in urban ghettos, where drugs play such a prominent role in the schools that classroom doors have to be locked to protect teachers from drug addicts, students have to be frisked for drugs and weapons, and police have to patrol the school perimeter to discourage pushers from selling drugs.

You asked me, Mr. Chairman, what has happened since I submitted "the 1982 Report on Drug Abuse and Alcoholism" to the Governor of New York State. My testimony is grim: the situation has gotten worse, much worse.

We can never win the battle against heroin, cocaine and other drugs unless we sharply reduce the flow of such drugs across our borders. Once here, these drugs are dispersed so quickly and in such small units that law enforcement officials have a virtually impossible task.

As last week's General Accounting Office report makes clear, the Federal Government's efforts to date have not succeeded in appreciably reducing the illegal drug supply. Federal officials seize less than 10 percent of the heroin and cocaine destined for the U.S. market. Marihuana is an easier target because it is a bulk commodity, but even there less than 16 percent is stopped at our borders.

Moreover, most individuals arrested in smuggling cases are low-level figures in the international drug networks. And most of them spend less than a year in jail—if they wind up in jail at all. The big guys, by and large, aren't even arrested.

All currently available information, including the General Accounting Office report, indicates that illegal drugs keep coming into the United States in greater and greater quantities. Heroin is more easily available, in more parts of the country, than it was at this time last year. The street-level purity of the drug has climbed sharply, and the price has declined. The supply of cocaine is also plentiful.

In New York, where the records available are probably the most reliable in the country, the key indicators of heroin use are all up. By the end of 1982, figures for emergency room admissions, serum hepatitis B+, and heroin-related arrests were well above the levels of the comparable period in the year before, and dramatically higher than the levels that prevailed in 1970's.

Deaths attributed to narcotic drugs in New York City have remained above 500 per year, which means that in the year since my report was submitted, more than 500 New Yorkers have died from the ravaging effects of heroin addiction. In 1982, the number of deaths was 115 percent above the level for 1978 and the highest total we have seen since the early 1970's, when we lacked a medication that now helps to prevent many overdose deaths.

During the second half of 1982, admissions to the heroin detoxification program at the Rikers Island correctional facility ran at a higher level than in any comparable time period since 1972. In the first quarter of 1983, admissions were 44 percent above the year-earlier level. Treatment programs continue to operate well above capacity.

The figures for serum hepatitis B+—the type of hepatitis associated with heroin use—are particularly disturbing. In the first quarter of 1983 the number of reported cases was 53 percent above the comparable period in 1982. Because serum hepatitis is frequently contracted in the first year in intravenous drug use, these figures indicate an upswing in the number of new addicts. And that means the problem is going to get even worse in the years ahead, since new addicts are the ones who spread heroin addiction by chain reaction.

Heroin activity is increasing not only in New York City, but also in the rest of New York State and throughout the country.

With cocaine, the picture is just as discouraging. Emergency room admissions in New York City climbed steeply during 1982, and cocaine dealing and use became

more prevalent in the rest of the State. According to New York State figures, the number of cocaine users in the State has more than tripled in the last five years, and the drug is now being used by many people who have had no previous experience with illegal drugs. Across the Nation, cocaine-related admissions to treatment programs have increased 300 percent in just five years.

The surge in drug use—in suburban and rural areas, as well as in the inner cities—presents our Nation with an addiction problem of unprecedented proportions.

Drug abuse and addiction spawn crime that terrorizes our citizens, destroys neighborhoods and renders many of our cities' streets unsafe to walk on. Our jails are literally overflowing with inmates who are there because of drugs. Drugs sustain organized crime. They've turned many of our urban high schools into breeding grounds for lawlessness and violence. The $80 billion illegal drug business corrupts officials at every level of government.

Addiction to drugs is America's number-one crime problem.

Addiction is also America's number-one health problem. It sends thousands of Americans to hospitals each day. It destroys young lives and shatters the hopes and aspirations of parents and grandparents. The economic cost of addiction—health care, days away from work, lost productivity—is over $100 billion. The human costs are incalculable.

Drug addiction and abuse have had a nearly catastrophic impact on every segment of our criminal justice system. The odds are overwhelming that an addict or drug abuser who breaks the law will not be arrested. But if arrested, the odds are that the system will not convict and sentence him.

We analyzed what happened to nearly 12,000 New York City arrests for drug offenses, not including those that involved marihuana. The proportion that led to a conviction was just 55 percent, and only 24 percent of those arrested wound up with a prison sentence. In other words, if you're arrested on non-marihuana drug charges in New York City, in a State with one of the toughest drug laws in the Nation, the odds that you'll escape a prison sentence are better than three to one. And, of course, the odds are 50 or 100 to one that you won't be arrested in the first place.

In New York State, almost two-thirds of the prison inmates admitted each year are addicts or drug abusers. At least 20 percent are addicted to heroin. Many others are hooked on cocaine, alcohol, pills or other drugs. Nearly one-third of 12,000 State prison inmates interviewed in 1979 said they were under the influence of an illegal drug when they committed the crime for which they were serving time.

While the problems grow more pressing, we fall further behind in the areas of research, treatment, interdiction of supply, and domestic law enforcement. Police and Prosecutors, treatment providers, teachers and clergy are even more frustrated and demoralized than they were a year ago. They've seen a bad situation deteriorate further, and they can't understand why our society is unwilling to do something about it.

The Federal Government has the responsibility and resources to mount a sustained, coordinated counterattack on drug abuse and addiction. Yet instead of increasing its support, the Federal Government has reduced, sometimes drastically, the funds available for many valuable programs throughout the country.

In a letter to the President last month, you pointed out, Mr. Chairman, that Federal support for treatment programs has declined by about 33 percent. Funding for the National Institute on Drug Abuse has been slashed. Vital data collection efforts have been scrapped. For fiscal year 1982 the administration sought to cut the drug law enforcement budgets of nearly all concerned Federal agencies: the Congress wisely rejected the cuts. For fiscal year 1983 the administration again proposed selected cuts that the Congress is rejecting.

Addiction is not an irresistible force. We can make real progress against it if we have the will to act.

We need a National Institute on Addiction to coordinate research and help us learn how to break addiction's tenacious grip.

We have to invest our money and our minds in new and better treatment programs, especially for the captive populations in our jails and prisons.

We need saturation campaigns to prevent drug abuse, and early intervention programs to help potential abusers at the first signs of trouble.

We need tough penalties for the sale and possession of drugs. To prove we're not just talking a tough game, we have to devote the resources needed to catch, convict and lock up drug offenders.

We have to cut off the flow of illegal drugs at our borders by ensuring better coordination of Federal efforts, as the GAO recommended, and by putting more pressure on the countries from which the drugs come.

None of us should be under any illusion that we can fight drug addiction and abuse on a shoestring budget. It's going to take time, money and dedicated effort.

The facts demonstrate unmistakably the magnitude of the problem: addiction is America's number-one health problem and its number-one crime problem. The question before us now, Mr. Chairman, is whether we have the courage to face up to that harsh reality—and do something about it.

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PREPARED STATEMENT OF DISTRICT ATTORNEY ROBERT M. MORGENTHAU AND SPECIAL NARCOTICS PROSECUTOR STERLING JOHNSON, JR.

We have been appearing before congressional committees to testify about the explosion of heroin use in the New York City area since 1975. Every year since 1975, the problem of heroin use has increased.

This conclusion is supported by major indicators of heroin use -- the number of narcotic related emergency room episodes and deaths. The incidence of narcotic's related diseases and the number of admissions to detoxification programs.

In 1982, the number of heroin/morphine emergency room episodes more than doubled over the number in 1979. In 1979, there were 1941 such incidents compared to 3990 incidents in the first three quarters of 1982 alone. Deaths due to drug dependence increased by 115% in 1982 over 1978. In 1982, over 500 people died in New York City as a result of chronic/acute intravenous narcotism. Serum hepatitis cases rose from 487 in 1979 to 1,117 in 1982, an increase of 129%. Recently, a deadly new illness - AIDS -- has been associated with intravenous drug use. As of April 1983, 647 cases of AIDS have been reported in New York City. Thirty percent of those afflicted have been intravenous drug users.* Admissions to the Detoxification Program on Rikers Island rose from 9,704 in 1980 to 13,802 in 1982, an

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* "Heroin Influx Update", New York State Division of Substance Abuse Services, June, 1983.

increase of 42%

Federal officials estimate that there are almost 500,000 heroin addicts in the United States. The 1982 Califano Drug Abuse and Alcoholism report indicates that 234,000 or 47% are here in New York.

The serious heroin problem in New York City is compounded by widespread use of other drugs, the most pernicious of which is cocaine. Nationally, it is estimated that more than 20 million Americans have used cocaine. Four to five million use it regularly (at least once a month) and more than 300,000 persons are dependent on the drug.

Recently, in New Jersey a National Cocaine Hot-Line was established on a part-time basis. The response was so overwhelming that the phones are now manned 24 hours a day. There are a minimum of 1,000 calls daily.

Up to 120,000,000 lbs (60,000 tons) of marijuana is imported into the United States annually. Domestically, marijuana production has been described as the nation's second or third most valuable cash crop, worth more than $10 billion annually. In addition to imports from other countries, Hawaii, the West Coast, South, Southwest are

areas where marijuan growing is big business. In New York City, it is almost impossible to go into any public park or building without smelling or observing someone smoking "Pot".

As a result of the increased availability of all drugs, the incidence of drug related crime continues to remain high. According to the New York State Department of Corrections, over half (57.8%) of the 10,234 male commitments to state facilities in 1981 were drug users. Of the 406 females committed, 51.7% were drug users. In 1981, there were 1832 homicides in New York City; almost 25% were drug related.* Among the victims of these homicides were innocent bystanders caught in the crossfire of rival narcotics gargs. In some areas of the city, narcotics dealers have taken over whole blocks as open air marketplaces where drugs are publicly hawked. Often the purchasers of drugs are out of state residents who come into the city to buy drugs. Young teenagers are seduced into selling drugs and thereby become enmeshed in a criminal lifestyle. There is a direct connection between urban decay and narcotics trafficking because as long as narcotics dealers control the streets, it is difficult to encourage business, improve housing, and otherwise stem urban blight.

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* New York Times, Metropolitan Report, P. B1,

Narcotics investigations and prosecutions have revealed that the profile of those involved in the illicit drug trade is changing. Traffickers and abusers are no longer only Black or Hispanic inner-city youths from the lower socio-economic rung of the ladder. Today's violators and abusers include educated, middle to upper class whites who live in affluent neighborhoods. They may be businessmen, professional athletes, lawyers, doctors, firemen, even law enforcement officers.*

New York City has attempted to keep up with the increase in drug abuse activity. Between 1980 and 1982, the number of narcotics indictments obtained by the Special Narcotics prosecutor more than doubled, increasing from 1200 to 2700.

In addition to prosecuting routine police arrests, the Special Narcotics Prosecutor has completed several significant investigations briefly described below.

A $10 million Canadian smuggling organization was dismantled with the arrest of three Canadian citizens on May 26, 1982. **

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* New York Times, November 28, 1981, p. 33.

** New York Post, May 22, 1982, p. 1.

Six persons, including a 65 year old woman retiree, were arrested for being part of an organization that sold an estimated $600,000 worth of heroin a week.* Subsequent forfeiture procedures against those arrested netted the Federal Government over $640,000.*

After execution of a search warrant, a former violinist for the Metropolitan Opera Orchestra was arrested and charged with possession of cocaine, marijuana and quaaludes.

More recently, 23 persons, including a restaurant owner, a retired policemen, a fireman, an insurance salesman and an attorney, were indicted on charges of Conspiracy to Buy Sell and Distribute Heroin and Cocaine. Several were charged with actual Sale and Possession of Narcotics.**

New York City is struggling with its drug problem with limited resources and little if any help from the Federal Government. The importation of illicit drugs into this country is a national problem. The Constitution of the United States places the responsibility of maintaining domestic tranquility on the Federal Government.

Unless the Federal Government can stem the tide of the illegal drug traffic, they must give resources to local governments to deal with the problem.

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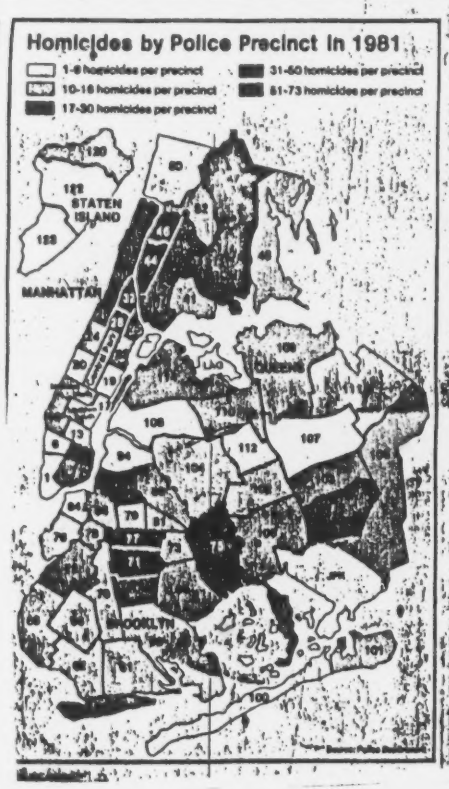
* New York Times, November 28, 1981, p. 33.
** New York Post, May 22, 1981, p. 1.

Recently the Administration announced the formation of 12 Narcotic Enforcement Task Forces, one of which is scheduled for New York. $127.5 million dollars was earmarked to finance this program. These funds must be spent by the end of the fiscal year. As of April, 1983, only $7 million dollars had been spent.

If only one-quarter of the amount budgeted for these Task Forces were allocated to the New York City Police Narcotics Division and Prosecutors, we could make greater inroads into the drug problem in this city than we are presently able to make with our limited resources.

NEW YORK TIMES 2/18/83 L B1



Almost 25% of Homicides In City in '81 Tied to Drugs

By LEONARD BUDER

A new Police Department study released yesterday shows that nearly a fourth of the record 1,832 homicides recorded in 1981 were drug-related.

There were 393 drug-related slayings, according to the report, including 169 in which drug dealers were killed during robberies. The other drug-related slayings stemmed largely from disputes over drugs. In 176 of the 1,832 homicides, the police could not determine the circumstances of the murders.

Last year there were 1,679 homicides in the city, a decline of 8.8 percent from the 1981 figure. Police officials noted an overall decline in recorded crime in the city, and attributed it at least in part to a number of new prevention programs.

The report on 1981 homicides did not [illegible] until now because of manpower problems, officials said.

While the report analyzing the homicides did not present comparable drug-related homicide figures for previous years, Assistant Chief Anthony M. Voelker, who is in charge of the department's Office of Management Analysis, said that over the last decade there had been a significant rise in drug-connected slayings.

Violence as a Consequence

"The use of drugs has become more extensive and pervasive, and when you have people selling drugs, you have guns, rivalries, rip-offs and, inevitably, violence," said James T. Sullivan, the chief of detectives.

The annual study noted a continued increase in the use of handguns in murders. In 1981, 68.3 percent of all murders were committed with handguns, compared with 56 percent the year before and 19 percent in 1958. In contrast to the city's increase, the report said, "national statistics indicate a modest decrease" in handgun murders.

"The most effective means of decreasing homicide would be to have extensive layoffs in the gun-manufacturing industry," Chief Sullivan said.

The report also showed that there were fewer murders by "strangers" — that is, where there was no known relationship between victims and their slayers. Many criminologists consider the category of murder by strangers as an important indicator of the level of violent crime in a community.

City Ranked Sixth in Murders

In 1981, 23.9 percent of the homicides were committed by strangers, often during a robbery, compared with 20.6 percent in 1980. The other murders were committed by spouses, other relatives, friends and acquaintances, the report found.

But Philip Mangone, the head of the crime analysis section that prepared the report, said there had been year-to-year fluctuations in the past.

The 109-page study said that New York City ranked sixth in 1981 in murders among the nation's largest cities, with a rate of 26.0 murders for each 100,000 population. Detroit ranked first, with a 41.7 percent rate, followed by Dallas (33.3 percent), Los Angeles (29.6 percent), Chicago (30.1 percent) and Baltimore (28.8 percent).

In general, the report noted, the city has reflected the national trend in homicides over the last three decades, except in 1980 and 1981, when the city total increased markedly while the national figure leveled off.

Brooklyn had the largest number of homicides (580) among the boroughs, the report showed, although Manhattan, with 556 homicides, had the high homicide rate, 30.1 percent for each 100,000 population. As in the past, the murderers and their victims often came from the same racial or ethnic background, the report noted.

THE NEW YORK TIMES, SUNDAY, MAY 1, 1983

President's Antidrug Task Forces Are Lagging Behind in Organizing

By LESLIE MAITLAND
Special to The New York Times

WASHINGTON, April 30 — The plan for 12 special narcotics task forces that President Reagan announced in October, saying, "The time has come to cripple the power of the mob in America," is behind schedule.

Although the Administration persuaded Congress last fall to provide an extra $127.5 million for the program for the balance of this fiscal year, the Justice Department's latest figures indicate that less than $7 million has been spent.

"We had expected to spend much more than we have," said Deputy Attorney General Edward C. Schmults. "We had delays in allocating resources. But I hope good planning will now produce a steeper rate of climb."

So far 540 agents and lawyers have been assigned to the task forces, which are to have a full strength of 1,300, plus about 400 support staff.

And Justice Department figures show that 397 people, excluding support staff, have been hired to replace the experienced employees who are being transferred to the task forces. Department officials are worried that unless they can accelerate the pace of hiring and training staffs, they will lose that part of the appropriation, $145 million, that lapses Sept. 30.

"Too few people have been hired and completed training," said Associate Deputy Attorney General Stanley E. Morris. "And it would be a serious mistake to try to solve this in August or September. We have to work harder now, so we don't have that problem then."

Differences Among Agencies

Officials said delays were also caused by differences of opinion among the participating agencies about the allocation of resources and the chain of command. They also said the Justice Department was taking longer than it should to decide which cases the task forces could begin to work on.

"This is not one of those things like a rabbit that you can set on the ground and watch it hop off," said Oliver B. Revell, the assistant director of the Federal Bureau of Investigation in charge of the criminal division. "It takes some time to build it and make it run."

In his speech at the Justice Department last fall, Mr. Reagan said 12 special units would begin work in January, concentrating on networks of distribution, rather than on street sales and pushers. At the time, officials said the key to the program was that it would combine the resources of several Federal agencies: the Drug Enforcement Administration, the F.B.I., the Customs Service, the Internal Revenue Service, the Marshals Service and the Bureau of Alcohol, Tobacco and Firearms.

The department persuaded Congress to grant a single appropriation so it would be free to decide on its own how to distribute new positions among these agencies. Then, according to officials, the department had difficulty making that decision, which kept the agencies from determining how many new employees should be recruited and trained to fill the jobs of the senior agents being transferred to the task forces.

So far, for example, 80 Drug Enforcement Administration agents have been hired to replace 270 assigned to the task forces, department figures indicate. Twenty-two new prosecutors have been hired to replace the 300 Assistant United States Attorneys included in the budget for the narcotics program.

F.B.I. Will Give 336 Agents

The F.B.I. will contribute 336 agents, for whose jobs 152 have been hired so far. Twenty-six I.R.S. agents have been hired to take the places of 185 tax agents to be included in the task forces. The Customs Service has hired 117 agents, almost all that it will need. But the marshals, who are gaining 12 new slots, and the Alcohol, Tobacco and Firearms Bureau, due for 72 new agents, have not hired any employees to replace the ones to be assigned to the drug program.

"We don't want to wait to get the agents backfilled, before they go on the task forces," said Mr. Revell of the F.B.I. "Other things are going to suffer, but we are going to fully man the task forces as soon as the cases are selected and the physical space to put them is identified."

According to Mr. Revell, the agents are being taken from a number of different areas in the bureau — white-collar crime, organized crime, personal crime and property cases.

He said the bureau was training about 80 agents a month, the capacity of its academy at Quantico, Va., and that he expected to have all new agents hired and in training by the end of the fiscal year at the end of September. But he said it would take 10 months more before they could all be placed in spots vacated by agents being funneled to the task forces.

He added that since the F.B.I. first gained jurisdiction for narcotics work at the beginning of 1982, it had already assigned 700 agents to 1,300 cases, of which 330 were joint investigations with the D.E.A.

According to Mr. Morris of the Justice Department, the last time so many agents were hired at once, in 1970 under President Nixon, it led to a weakening of standards and future problems. He said that because the various agencies involved in the drug program were all competing with each other now in attracting personnel, it was all the more difficult to fill jobs without risking a repetition of those problems.

"It takes a minute to hire, and then you live with them for 25 years," said David Margolis, chief of the department's Organized Crime section, who has been acting as task force coordinator.

He added that about 80 task force case proposals had been reviewed and approved by the Justice Department. By the end of next week, he said, he expected about 250 to have been approved, and he hoped that there would be 600 cases developed within a year.

"We are choosing cases that are complex," Mr. Margolis said, "cases that involve wiretaps, investigative grand juries, financial transactions and large drug organizations. We're not going after the powder-on-the-table, bodies-on-the-floor type cases. We're going after the people at the top who may never even see the drugs, and when we get them, the indictments may not even include drug charges."

In many instances, tax evasion charges may be pursued, he said.

Drug Task Force Status Report, April 1983

Agency	Money Allocated	Money Spent	Positions Created	Positions Filled	Replacement Hired
F.B.I.	$50,613,000	$ 750,000	336	113	152
D.E.A.	24,729,000	4,375,000	270	270	80
I.R.S.	5,595,040	492,086	185	53	26
Customs	5,086,400	451,860	139	44	117
Alcohol, Tobacco and Firearms	2,034,560	156,675	72	12	0
U.S. Marshals	5,756,600	139,255	12	12	0
U.S. Attorneys	11,831,000	445,000	300	48	22
Coast Guard	2,000,000	0	—	—	—

Source: Justice Report

NEW YORK STATE

DIVISION OF SUBSTANCE ABUSE SERVICES

INTER-OFFICE MEMORANDUM

TO: Julio Martinez DATE: February 9, 1983

FROM: Douglas S. Lipton Facility/Office: BCER

SUBJECT: Periodic Study of Drug Activity Around New York City Schools

This report is the fourth in a series of semiannual reports detailing the extent of illict drug use or sale in the vicinity of a sample of public schools in New York City. Since 1981, in May and October, the Street Studies Unit of the Bureau of Cost Effectiveness and Research has observed drug activity and spoken with street sources about the availability of illicit drugs in the vicinity of a panel of 36 randomly selected public schools (12 high schools, 12 intermediate and junior high schools, and 12 elementary schools). The area observed in each case encompasses a two-block radius around the school but does not include the school building or the school grounds.

The trend data that follow are based on observations made in May 1981, October 1981, May 1982 and October 1982.*

Overall Trends

- The number of school areas in which drug activity was found has steadily increased over the four time periods. Of the 36 schools studied, drugs were observed or reported available around 27 schools in May 1981, 32 schools in October 1981, 34 schools in May 1982, and 35 schools in October 1982. Only at one elementary school were drugs never observed or reported over the four periods.

- Over the four time periods of study, the average number of different substances found per school area increased from 1.7 in May 1981 to 2.5 in October 1981 and May 1982 to 3.0 in October 1982.

*Detailed tables of findings appear on the last pages.

- The most marked increase of different substances reported or found available were in the area of elementary schools where the average number of different substances found per school area rose from 1.1 in May 1981 to 1.5 in October 1981 to 2.3 in May 1982 and to 2.7 in October 1982. In October 1982, heroin, cocaine, marijuana, pills and hallucinogens were available in more school areas than in previous time periods.

- The selling of methadone was observed outside three intermediate schools, and, for the first time, hallucinogens were available at two elementary schools.

- A significant increase in hawking* of drugs around schools was observed, from four schools in May 1982 to 10 schools in October 1982.

Specific Trends

- Of the 12 elementary school areas, the number where drugs were found increased from seven schools in May to eight in October 1981, ten in May, and eleven in October 1982. These schools continue to show a progressive increase in the availability of heroin and marijuana in their vicinity and a continued availability of cocaine and pills. For the first time hallucinogens, such as angel dust and LSD were reported available in the areas of two elementary schools.

- Of the 12 intermediate school areas, the number where drugs were found increased from 10 in May 1981 to 12 in October 1981, and remained at that level in May and October, 1982. These areas show an increase in the number where cocaine, pills and hallucinogens were available and a continued availability of heroin. Marijuana activity was again found in all of the intermediate school vicinities.

- Drugs were observed at all high schools in the sample for the last three periods of observation. Of the 12 high school areas, the number where drugs were found increased from 10 in May 1981 to 12 in October 1981, and remained at that level in May and October 1982. Heroin, cocaine, pills and hallucinogens were observed or said to be available at more school areas than previously. A great deal of marijuana activity has been found in all high school areas for the past three time periods.

In summary, drug activity has been observed at an increasing number of school areas in the panel of schools that are monitored periodically. In October 1982, drug activity was found in 35 school areas of the 36 in the panel. Heroin, cocaine, marijuana, pills and hallucinogens were observed or reported to be in more school areas than in previous time periods.

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*Hawking is the announcing to passersby the names of drugs for sale.

Elementary School Areas Where Illicit Substances Are Sold or Used

May 1981 - October 1981-May 1982 - October 1982

School	Dist.	Borough	Heroin				Cocaine				Marijuana				Pills				Totals including other substances*				
			5/81	10/81	5/82	10/82	5/81	10/81	5/82	10/82	5/81	10/81	5/82	10/82	5/81	10/81	6/82	10/82	5/81	10/81	5/82	10/82	Total
PS 18	31	S.I.	-	-	Y	Y	-	-	Y	Y	-	-	Y	Y	-	-	-	-	0	0	3	3	6
PS 11	13	Brooklyn	-	-	Y	Y	-	-	Y	Y	Y	Y	Y	Y	-	Y	-	-	1	2	3	3	9
PS 40	16	Brooklyn	-	Y	Y	-	-	-	Y	-	Y	Y	Y	Y	-	-	-	-	1	2	3	1	7
PS 17	23	Brooklyn	-	Y	-	Y	-	Y	Y	Y	-	Y	Y	Y	-	-	-	-	0	3	2	3	8
PS 85	28	Queens	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	-	Y	Y	1	1	4	4	10
PS 136	29	Queens	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	1	3	2	2	8
PS 19	1	Manhattan	-	-	Y	Y	-	-	-	Y	-	-	Y	Y	-	-	-	Y	0	0	2	4	6
PS 171	4	Manhattan	-	-	Y	Y	-	Y	Y	Y	-	Y	Y	Y	-	Y	Y	-	0	4	4	3	11
PS 109	4	Manhattan	Y	-	-	Y	Y	-	Y	Y	Y	Y	Y	Y	-	-	-	Y	4	1	2	5	12
PS 1	7	Bronx	Y	Y	-	Y	Y	-	Y	Y	Y	Y	Y	Y	-	-	Y	-	3	2	3	3	11
PS 24	10	Bronx	-	-	-	-	-	-	-	-	Y	-	-	Y	Y	-	-	-	2	0	0	1	3
PS 81	10	Bronx	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	0	0
			2	4	6	7	2	3	9	9	7	8	10	11	1	2	3	3	13	18	28	32	91

Y = Data collectors either observed the substance or were informed by street sources that the substance was available in the school or in the area.
-- = Substance was not observed and informants did not report its availability.
*Includes Angel Dust, Methadone, L.S.D. and Hashish.

Intermediate School Areas Where Illicit Substances Are Sold or Used

May 1981 - October 1981-May 1982 - October 1982

School	Dist.	Borough	Heroin				Cocaine				Marijuana				Pills				Totals including other substances*				
			5/81	10/81	5/82	10/82	5/81	10/81	5/82	10/82	5/81	10/81	5/82	10/82	5/81	10/81	5/82	10/82	5/81	10/81	5/82	10/82	Total
I.S. 27	31	S.I.	-	-	-	-	-	-	Y	Y	Y	Y	Y	Y	-	-	-	-	2	1	4	2	9
I.S. 55	23	Brooklyn	-	Y	-	-	Y	Y	Y	-	Y	Y	Y	Y	Y	-	-	-	3	3	2	1	9
JHS 49 Gaynor	14	Brooklyn	Y	Y	Y	Y	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	2	3	3	4	12
John Marshal 210	17	Brooklyn	-	-	Y	-	-	Y	Y	Y	-	Y	Y	Y	-	Y	-	Y	0	4	3	4	11
I.S. 126	30	Queens	-	-	Y	Y	-	-	-	Y	Y	Y	Y	Y	-	-	-	-	1	1	2	3	7
I.S. 238	29	Queens	-	-	-	-	-	-	-	-	-	Y	Y	Y	-	Y	-	-	0	3	1	1	5
I.S. 13	4	Manhattan	-	-	Y	Y	Y	-	Y	Y	Y	Y	Y	Y	-	-	Y	Y	3	1	4	5	13
JHS 70	2	Manhattan	Y	-	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	-	Y	-	-	2	3	3	4	12
JHS 117	4	Manhattan	-	Y	Y	Y	-	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	1	4	6	5	16
JHS 164	6	Manhattan	Y	Y	-	Y	Y	Y	-	Y	-	Y	Y	Y	-	Y	-	-	2	4	1	4	11
Olinville 113	11	Bronx	-	-	-	-	Y	-	-	-	Y	Y	Y	Y	Y	-	-	-	3	1	1	1	6
I.S. 131	8	Bronx	Y	-	-	-	Y	-	-	-	Y	Y	Y	Y	-	-	-	-	3	1	1	1	6
			4	4	6	6	6	6	7	8	8	12	12	12	2	5	2	3	22	29	31	35	117

Y = Data collectors either observed the substance or were informed by street sources that the substance was available in the school or in the area.
-- = Substance was not observed and informants did not report its availability.
*Includes Angel Dust, Methadone, L.S.D. and Hasnish.

High Schools Areas Where Illicit Substances Are Sold or Used

May 1981 - October 1981-May 1982 - October 1982

School	Dist.	Borough	Heroin				Cocaine				Marijuana				Pills				Totals including other substances*				
			5/81	10/81	5/82	10/82	5/81	10/81	5/82	10/82	5/81	10/81	5/82	10/82	5/81	10/81	5/82	10/82	5/81	10/81	5/82	10/82	Total
New Dorp	31	S.I.	-	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	1	2	4	3	10
Thomas Jefferson	19	Brooklyn	Y	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	3	2	2	3	10
John Dewey	21	Brooklyn	-	-	-	Y	-	-	-	-	-	Y	Y	Y	-	-	-	-	0	1	1	2	4
Bushwick	32	Brooklyn	-	Y	-	Y	-	Y	Y	Y	Y	Y	Y	Y	-	Y	-	-	1	5	2	3	11
John Bowne	25	Queens	-	-	Y	-	-	Y	Y	Y	-	Y	Y	Y	-	Y	Y	Y	0	3	4	3	10
Andrew Jackson	29	Queens	-	-	-	Y	-	Y	-	Y	Y	Y	Y	Y	-	Y	-	-	1	4	1	3	9
Julia Richmond	2	Manhattan	-	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	4	5	2	3	14
Washington Irving	2	Manhattan	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	4	4	2	4	14
Benjamin Franklin	4	Manhattan	Y	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	Y	4	3	2	4	13
Adlai Stevenson	8	Bronx	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	3	4	4	4	15
Dewitt Clinton	10	Bronx	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	3	5	3	3	14
Evander Childs	11	Bronx	Y	Y	Y	Y	-	Y	Y	Y	Y	Y	Y	Y	-	Y	Y	Y	2	4	4	6	16
			3	3	4	8	6	10	10	11	10	12	12	12	4	9	5	7	25	42	31	41	140

Y = Data collectors either observed the substance or were informed by street sources that the substance was available in the school or in the area.
-- = Substance was not observed and informants did not report its availability.
*Includes Angel Dust, Methadone, L.S.D. and Hashish.

[From The Washington Post, June 17, 1983]

(By Jack Anderson)

War on Drugs is Proving To Be Short on Results

President Reagan has pronounced his war on drugs a raging success. But the truth is that the war has been long on ballyhoo and short on results.

The price of illegal drugs is down across the country, a sure sign that the supply is up. Confidential Drug Enforcement Administration reports disclose that farmers in Colombia have 10 times as much acreage in cocaine production as they did two years ago, when the administration began its much-publicized crackdown. The United States is virtually the sole market for Colombian cocaine.

Last October, at a cost of over $120 million, 12 new task forces were created to go after smugglers and dealers. They were modeled after the federal-state South Florida Task Force. More recently, attempts have been made to coordinate the interdiction activities of various government agencies.

But the agencies don't seem committed to interdiction. For example:

The Pentagon promised aircraft radar coverage for 17 days a month over South Florida. Yet, records show that this vital service was provided on five days last October, nine days in November and three days in December.

Radar surveillance out of New Orleans, covering the Gulf of Mexico, spotted 64 aircraft that fit the smuggling "profile" during a two-month period. Only 14 were chased by law-enforcement planes. Three were caught when they landed. All three were loaded with dope.

Along the Mexican border, penetration by suspected smuggler aircraft has reached the proportions of nine years ago, when the overland route was the principal entry point for drug traffickers.

The reasons for this lack of serious effort are hard to pinpoint. The use of Pentagon resources is restricted by law. Customs Service and DEA officials are jealously guarding their own turf. And nobody is cracking heads together and insisting the job gets done.

Rep. Glenn English (D-Okla.) chairman of a subcommittee on justice, offered a typical example to my associate Donald Goldberg. The Pentagon promised English in April 1982 that, within 30 days, it would give customs officials information on possible drug shipments spotted by a radar balloon at Cudjoe Key, Fla.

But during an inspection 10 months later, English learned the truth: The balloon was still unable to provide intelligence on suspicious-looking aircraft. Now, more than a year after it was promised, the information is finally being given to customs officials.

Interdiction efforts—actually catching smugglers—are being given short shrift, English said, as most of the money and time are devoted to investigations. English, who will hold hearings on the drug crackdown next month, characterizes the 12 new task forces as "business as usual." Meanwhile, the White House announced in March yet another bureaucratic weapon it was unleashing on dope traffickers: a Cabinet-level executive board, headed by Vice President Bush, to coordinate and supervise the smuggler-catching operations. But White House officials admit that the board is still in the planning stage.

Sick Buildings: If work makes you sick, the fault may be in the building where you work. James Repace, an air specialist at the Environmental Protection Agency, has identified pollutants in "sick buildings." These range from bad breath to radioactive gases that seep up from the soil beneath the structure.

The EPA has been getting complaints from individuals across the country who claim that something in their buildings is making them ill. But the agency has been concentrating its thin resources on pollution in outside air.

STATE OF NEW YORK
DEPARTMENT OF CORRECTIONAL SERVICES
THE STATE OFFICE BUILDING CAMPUS
ALBANY, N.Y. 12226

THOMAS A. COUGHLIN III
COMMISSIONER

MARTIN HORN
ASSISTANT COMMISSIONER

PREPARED STATEMENT

OF

MARTIN F. HORN, ASSISTANT COMMISSIONER

The New York State Department of Correctional Services today confines more than 30,300 inmates. Our facilities are operating at 116 per cent of capacity and we have reached the point where we are denying admission to commitments from counties outside the City of New York in record number. Local jails throughout the State are equally overcrowded.

Within those 30,300 inmates we are confining over 2,500 inmates convicted of drug felonies under New York State Law.

The number of persons committed to the Department of Correctional Services for drug felonies has risen threefold in the last several years.

In 1970 there were only 470 persons committed to the custody of the Department for drug felonies. By comparison in 1983 the number of felony drug commitments had risen to almost 1,200.

This increase in the number of drug felony commitments corresponds to a growth in the number of drug felony arrests in New York State from 14,941 in 1973 to 18,544 in 1982.

A recent national survey by the United States Department of Justice Bureau of Justice Statistics (BJS) found that one-third of state prison inmates in 1979 were under the influence of an illegal drug when they committed the crime for which they were serving their sentence. Additionally, that survey found that more than 50 per cent said they had taken illegal drugs during the month before committing the crime. Seventy-eight (78) per cent of the prisoners surveyed had used drugs at some time in their lives compared to 40 per cent of the general United States population.

In New York State we find that out of a total of 10,409 persons committed to the Department in 1982 6,423 - fully 61.7% had used drugs prior to the commission of their offense or had been under the influence of drugs at the time of their offense.

Most startling perhaps is the growth in the number of inmates committed with prior drug usage.

In 1970 only 37.7 per cent of all commitments had histories of prior drug usage compared to the 61.7 per cent level reached in 1982.

23-895 O - 84 - 8

According to the Bureau of Justice study approximately 60 per cent of the drug users convicted of drug offenses were in prison for selling drugs rather than for the mere possession or use of drugs. Less than one (1) per cent of the inmates surveyed were serving time for the possession or use of marijuana. This compares to the New York experience.

Those convicted of drug offenses were the heaviest users of drugs prior to incarceration.

Robbers and burglars were the next heaviest users and murderers and rapists had low drug use rates according to the BJS statistics.

Attached for the Committee's consideration are copies of two studies completed by the New York State Department of Correctional Services in October of 1981 examining the characteristics of inmates under custody for drug offenses both with prior adult arrests and without prior adult arrests.

Of the 1,476 inmates under custody for drug offenses with prior adult arrests approximately two-third of these were committed for Class A sale of drug crimes under New York State Law.

Eight-five (85) per cent of these offenders with prior offense records have also had prior convictions. Nearly one-third have been previously committed to a State or Federal prison;

Over 50 per cent of a sample of these drug offenders also had prior arrests for violent crimes as well as drug offenders.

These findings suggest that any consideration of the diversion or early release of these drug offenders should involve review of their individual case histories in view of the extensive criminal records, including violent criminal arrests, as well as the seriousness of their conviction offenses.

With respect to those inmates under custody for drug offenses without prior adult arrests we found that the typical drug commitment without a prior arrest record was a male over 21 years of age from New York City who had been convicted of a Class A sale of drugs crime. Generally, these individual reported that they did not use drugs themselves.

Twenty-nine per cent (29%) of these drug commitments without prior records were born outside the continental United States and Puerto Rico as compared to the approximately 3 per cent (3%) of the total inmate population who are foreign born.

I would like to draw the Committee's attention to the dramatic growth in the number of aliens under the custody of the Department of Correctional Services. From 1978 through 1982 the number of commitments of aliens to the New York State Department of Correctional Services increased from 154 in 1978 to over 350 in 1982. Most marked increases were experienced with respect to Central and South Americans.

Our studies have found that drug offenses account for a disproportionate number of the commitment offenses among the alien offender group.

Narcotics has an insidious effect on prison life. Easily concealed, difficult to detect, it has become the most common form of prison contraband. Its presence in prison is acknowledged as a commonplace. The steps we must take to search for and control drug contraband become each week more bizarre as the inmates' ingenunity in concealment becomes more sophisticated.

The sums of money available to drug traffickers is so immense as to upset and overtake the fragile underground economy of prisons. Their wealth raises integrity issues among staff which were undreamed of when the institution of the prison was conceived.

I suggest that the treatment of drug abuse, the interdiction of drug sales, and responsibility for crimes committted by aliens are inarguably Federal responsibilities. These types of criminal activities transcend State boundaries and represent weaknesses in our Federal immigration and customs procedures.

In recent years we have experienced a complete loss of funds made available to the Department from the Division of Substance Abuse Services, as a result of cutbacks in the Federal level in funding for drug treatment programs within prisons. There has been a virtual cut off in the flow of Federal dollars to the states for the purpose of providing drug rehabilitation programming to prison inmates. This represents a serious loss which we in New York State have attempted to pick-up through State appropriations. However, the dimensions of the problem are such, and the appropriateness of a Federal role so clear, that additional Federal resources are necessary.

I commend the Committee for its interest in these matters and urge you to support additional funding for the provision of drug abuse services to inmates in state prisons, serious consideration to the proposed amendment to the immigration bill which would provide Federal reimbursement to the states for the housing of aliens,serious consideration of the use of forfeiture proceeds to fund in-prison drug treatment and continuing efforts at drug enforcement at the Federal level.

Thank you.

STATE OF NEW YORK
DEPARTMENT OF CORRECTIONAL SERVICES
THE STATE OFFICE BUILDING CAMPUS
ALBANY, N.Y. 12226

THOMAS A. COUGHLIN III
COMMISSIONER

MARTIN HORN
ASSISTANT COMMISSIONER

DIVISION OF PROGRAM PLANNING, RESEARCH AND EVALUATION
FRANK TRACY, DIRECTOR

INMATES UNDER CUSTODY FOR DRUG OFFENSES WITHOUT PRIOR ADULT ARRESTS OCTOBER 1981

At this time, questions are frequently asked concerning the possibility of the diversion or early release of non-violent offenders, especially those individuals without prior arrests.

As part of the continuing series of reports on inmates under custody for non-violent crimes, this survey examines the personal characteristics and instant offenses of a sample of offenders under custody for drug crimes in October 1981 who do not have prior adult arrests.

Attached is a brief Executive Summary.

October 1981

Prepared by:

Jody Grossman
Donald Macdonald

INMATES UNDER CUSTODY FOR DRUG CRIMES WITHOUT PRIOR ADULT ARRESTS OCTOBER 1981

HIGHLIGHTS

1. Background - Due to the Department's increasing inmate population, the possibility of the diversion or early release of offenders sentenced for non-violent crimes (such as drugs) is frequently raised. These questions especially focus on offenders committed for non-violent crimes who do not have prior arrest records.

2. Purpose of Report - In response to such questions, this report concerns the personal characteristics and instant crimes of all 269 drug offenders without prior adult arrests under the Department's custody as of October 1981.

3. Review of Demographic Characteristics Commonly Related to Lack of Criminal Record - This survey examined those personal characteristics that are commonly related to the lack of a prior record: age upon commitment and nationality.

4. Age Upon Commitment - This survey found that only 8.5 percent (20) of these 269 inmates were under 21 years old. As such, the age of the vast majority of these inmates does not appear to be associated with their lack of adult arrests.

5. Birthplace - Another variable that is commonly associated with the lack of a prior record is the offender's birthplace.

   Of these drug offenders without a prior record, 29 percent (78) were born outside the continental United States as compared to roughly 3 percent of the total inmate population.

6. Conviction Crime - Of these 269 drug offenders without prior arrests, 78 percent (211) were convicted of Class A felonies involving the sale of drugs.

7. Drug Usage - Of these 269 cases, 58 percent claim not to use drugs as compared to 33 percent of drug offenders with prior arrest records.

8. Profit Motivation - A review of the case folders of a sample of 50 of these drug offenders found that law enforcement staff believed that the majority of these offenders were involved in drug trafficking for financial gain. Frequently, the individual was described as a middle level supplier.

9. Conclusion - The findings of this survey caution against any consideration of the majority of these drug offenders without prior arrest records as suitable candidates for diversion or early release due to the seriousness of their crimes; their reported middle level involvement in drug trafficking for profit; and the sizable percentage of foreign born individuals in this group who may be eligible for deportation proceedings.

INMATES UNDER CUSTODY FOR DRUG OFFENSES WITHOUT PRIOR ADULT ARRESTS OCTOBER 1981

Due to the Department's increasing inmate population, the possibility of the diversion or early release of selected classes of offenders (particularly offenders committed for non-violent crimes) is frequently raised.

These questions especially focus on offenders committed for non-violent crimes who do not have prior adult arrests.

Purpose of Report. As part of the continuing series of reports on offenders committed for non-violent crimes, this report examines case histories of individuals under the Department's custody for drug offenses as of October 1981 who do not have prior adult arrest records.

Drug Offenders Without Prior Adult Arrests. As of October 1981, approximately 15% (269) of the 1,745 inmates under custody for drug offenses do not have prior adult arrests (based on a computer search of the case records of inmates for whom data is available).

Research Methodology. This report presents statistical data derived from the Department's MIS file on all 269 of these drug offenders without prior arrest records. (It should be noted that a companion report concerns drug offenders with prior arrests).

The individual case folders of a sample of 50 of these inmates were also examined to secure additional information on the particulars of their instant offenses.

Demographic Characteristics. The Department's MIS file was utilized to develop a statistical profile of these drug offenders without prior arrest records. This profile focused on those characteristics that are commonly related to the lack of a prior arrest record, such as the offender's age and nationality.

Age Upon Commitment. The age of these offenders upon commitment was investigated to determine if a large percentage of these individuals were in the 16-20 year old age range.

This survey found that only 8.5% (20) of these 269 inmates were under 21 years old.

Age	Number	Percent
16-18	5	1.9
19-20	15	5.6
21-24	57	21.2
25-29	73	27.0
30-34	50	18.6
35-39	37	13.8
40-44	15	5.6
45-49	11	4.1
50-64	6	2.2
Total	269	100.0

Based on this finding, the age of the majority of these inmates does not appear to be associated with their lack of adult arrests.

While a small percentage of these drugs commitments were under 21 years old upon commitment (8.5%), this percentage is somewhat greater than the percentage of drug offenders with prior records under 21 years old (4.3%).

Birthplace. Another variable that is commonly considered to be related to prior record is the offender's birthplace and years in United States.

Over one quarter (29%) of these individuals were born outside of the continental United States and Puerto Rico.

Birthplace	Number	Percent
United States	144	53.5
Puerto Rico	47	17.5
Columbia	29	10.8
Other South America	10	3.7
Cuba	9	3.3
Dominican Republic	7	2.6
Other West Indies	9	3.4
Central America	2	.7
Canada	1	.4
Europe	2	.8
Asia	9	3.3
Total	269	100.0

It is noteworthy that only 7% of the drug offenders with prior arrest records were born outside the continental United States and Puerto Rico as compared to 29% of those without an arrest record.

As such, it appears that the fact that a significant percentage of these individuals were foreign born may be related to their lack of prior adult arrest records (possibly due to their limited time in the United States.)

County and Sex. Over 90% (243) of these 269 offenders were male; 26 were female.

These offenders were predominately committed from New York City (66% or 178 cases).

Self-Reported Drug Use. Of the total 269, 58% claims not to use drugs.

This finding is contrasted to drug offenders with arrest records who generally report to use drugs (67%).

Overview Demographic Characteristics. These drug offenders without prior arrest records are generally males from New York City between 21 and 39 years old who claim not to use drugs.

With respect to their lack of prior records, age upon commitment does not appear to be as significant as the finding that a sizable percentage were born outside the continental United States.

Conviction Crime. The conviction crimes of these individuals were also reviewed with respect to factors that might be related to their commitment to the Department.

Crime Class/Sale or Possession. This survey found that the majority of drug offenders without prior arrests were committed for Class A felonies involving the sale (rather than possession) of drugs (78% or 211 cases).

Crime Class	Sale	Possession	Total
A-I	37	9	46
A-II	58	19	77
A-III	116	14	130
B	2	5	7
C	3	3	6
D	2	1	3
E	-	-	-
Total	218	51	269

Conviction for these Class A drug felonies carries a mandatory State prison term.

Minimum Sentences. In line with their conviction crimes, a substantial percentage of these individuals received minimum sentences of five years or more (29% or 78 cases).

Minimum Sentence	Number	Percentage
12- 29 months	82	30.5
30 months	5	1.9
31- 59 months	86	32.0
60-119 months	32	11.9
120-239 months	43	16.0
20 years or more	3	1.1
Unspecified Minimum	18	6.6
Total	269	100.0

Particulars of Instant Crime. As noted in the introduction to this report, a sample of 50 cases was selected to gather additional information on the conviction crimes of these drug commitments without prior records.

Profit Motive. Based on the statements of law enforcement officials in the involved case folders, the primary motivation for the offender's involvement in the instant crime was generally a desire for financial gain (32 of the 50 cases).

Frequently, the individual, who reported not to personally use drugs, would admit that his involvement was for financial gain. In one case, the individual succinctly stated that there was "easy money to be made".

In certain cases, the individual's involvement in drug trafficking appeared to be the person's sole or primary means of support. In other cases, the individual apparently was involved in drug sales to supplement his existing income from legitimate employment.

Size of Sales. The dollar amounts of the drug sales were also reviewed in assessing the level of the individual's involvement in drug trafficking.

Available case folder information indicated that the drug sale involved $2,000 on more in 19 cases. In numerous cases, the crime involved over $5,000, including five cases of sales for over $20,000.

Frequently, law enforcement staff are quoted in case folders as describing a middle level supplier in the drug traffic heirarchy.

Drug Involved: Predominantly Cocaine. In line with recent articles on the rising cocaine trade in this State, it is noteworthy that cocaine was involved in the vast majority of the cases (37% of the 50).

Conclusion. In view of the Department's rising inmate population, questions are currently asked about the appropriateness of the diversion or early release of drug commitments without prior records.

These questions frequently focus on the personal characteristics and conviction crimes of these drug commitments who have no prior adult arrests. A common inquiry is "Does the Department have a large number of youths committed from Upstate counties for the possession of small amounts of marijuana or other drugs for their own use"?

This survey found that personal characteristics and instant crimes of the vast majority of these offenders were very different than the profile suggested by the above question.

In contrast, this survey found that the typical drug commitment without a prior arrest record was a male over 21 years of age from New York City who was convicted of a Class A sale of drugs crime. Generally, these individuals reported not to use drugs themselves.

It was particularly noteworthy that 29% of these drug commitments without prior records were born outside the continental United States and Puerto Rico as compared to the approximate 3% of the total inmate population who are foreign born.

STATE OF NEW YORK
DEPARTMENT OF CORRECTIONAL SERVICES
THE STATE OFFICE BUILDING CAMPUS
ALBANY, N.Y. 12226

THOMAS A. COUGHLIN III
COMMISSIONER

MARTIN HORN
ASSISTANT COMMISSIONER

DIVISION OF PROGRAM PLANNING, RESEARCH AND EVALUATION
FRANK TRACY, DIRECTOR

INMATES UNDER CUSTODY FOR DRUG OFFENSES WITH PRIOR ADULT ARRESTS OCTOBER 1981

Due to the Department's increasing inmate population pressures, questions are frequently asked regarding the possibility of the diversion or early release of non-violent offenders, such as individuals committed for drug crimes.

As part of the continuing series of reports on inmates under custody for non-violent crimes, this report examines the personal characteristics, prior criminal record (especially involving violent offenses) and instant crimes of offenders under custody for drug crimes in 1981 who have prior adult arrests.

Attached is a brief Executive Summary.

October 1981

Prepared by:

Jody Grossman
Donald Macdonald

INMATES UNDER CUSTODY
FOR DRUG OFFENSES
WITH PRIOR ADULT ARRESTS
OCTOBER 1981

HIGHLIGHTS

1. Background - At this time, questions are frequently asked about the appropriateness of the diversion or early release of offenders committed for non-violent crimes (such as drugs) due to the Department's growing inmate population.

2. Purpose of Report - In response to such inquiries, this report examined the personal characteristics, prior adult records and instant crimes of all 1,476 drug commitments with prior adult arrests under the Department's custody as of October 1981. (A companion report reviews the case records of drug offenders without prior adult arrests).

3. County and Sex - Over 95 percent (1,408) of these 1,476 drug offenders with prior records were male; 74 percent were from New York City.

4. Conviction Crime - Of these 1,476 drug offenders, the majority (64 percent or 944) were sentenced to the Department for Class A sale of drugs crimes.

5. Prior Criminal Record: Convictions and Commitments - With respect to the prior criminal record of these offenders, 85 percent of these offenders with prior arrest records also had prior convictions. Nearly one-third had been previously committed to a State or Federal Prison.

6. Prior Arrests for Violent Crimes - It is also noteworthy that over 50 percent (26) of a sample of 50 of these drug offenders also had prior arrests for violent crimes.

7. Conclusion - The findings of this survey suggest that any consideration of the diversion or early release of these drug offenders should involve a review of their individual case histories in view of their extensive criminal records (including violent crime arrests) as well as the seriousness of their conviction crimes.

INMATES UNDER CUSTODY FOR DRUG OFFENSES WITH PRIOR ADULT ARRESTS OCTOBER 1981

At this time, the Department's growing inmate population and resulting capacity problems have prompted questions on the appropriateness of the diversion or early release of offenders committed for non-violent crimes.

Purpose of Report. As part of the continuing series of reports on offenders committed for non-violent crimes, this report examines the case histories of individuals under custody for drug offenses as of October 1981 who have prior adult arrests. (A companion report concerns those drug offenders without prior adult arrests).

Drug Offenders With Prior Adult Arrests. At this time, the vast majority (85% or 1,476) of the total 1,745 drug offenders under the Department's custody have prior adult arrest records (based on a computer search of the case records of the inmates for whom data is available).

Research Methodology. This report presents statistical data derived from the Department's MIS system on all 1,476 drug offenders under custody as of October 1981 who have prior arrest records.

The individual case folders of a sample of 50 of these drug offenders with prior arrests was selected to generate additional data on the prior criminal record (particularly for violent crimes).

Demographic Characteristics. The Department's MIS file utilized to generate a general demographic profile of drug offenders with prior adult records.

County and Sex. Over 95% (95.4% or 1,408) of the total 1,476 drug offenders with prior records were male.

These offenders were predominantly committed from New York City (74%).

Nationality. Of these 1,476 offenders, 93% (1,373) were born in the United States, Puerto Rico or United States possessions. Only 7% (103) were born in other nations.

This percentage (7%) sharply contrasts with the finding of the comparison survey that 29% of those drug offenders without prior records were born in other nations.

Age Upon Commitment. The vast majority of these drug offenders with prior arrests were between 21 and 44 years of age (83.9% or 1,238 cases).

Only 3.4% (31) of these 1,476 cases were under 21 years of age.

Self-Reported Drug Use. Of these 1,476 drug users with prior records, two thirds (66.7%) or 984) reported to use drugs.

This finding contrasts with self-reported drug use of drug offenders without prior records (42%). Nearly 25% more of the drug offenders with records reported to use drugs than those without prior arrests.

Overview Demographic Characteristics. In general terms, the drug offenders with prior arrest records under the Department's custody are males from New York City between 21 and 44 years of age who report to use drugs.

Conviction Crime: Crime Class/Sale or Possession. As illustrated by the following table, the majority of these drug offenders were sentenced to the Department for Class A sale offenses.

Crime Class	Sale	Possession	Total
A-I	140	50	190
A-II	195	52	247
A-III	599	141	740
B	16	23	39
C	133	74	207
D	24	23	47
E	1	5	6
Total	1,108	368	1,476

Minimum Sentences. In line with their conviction crimes, the majority of these drug offenders received specified minimum sentences between 1 and 5 years (62.5% or 923).

Minimum Sentence	Number	Percentage
12- 29 months	523	35.4
30 months	32	2.2
31- 59 months	368	24.9
60-119 months	250	16.9
120-239 months	153	10.4
20 years or more	38	2.6
Unspecified Minimum	112	7.6
Total	1,476	100.0

Prior Criminal Record. The table below indicates that sizable percentages of these drug offenders with prior adult arrests also have prior adult convictions (85% or 1,257) and prior adult commitments to State or Federal Facilities (31% or 464).

Prior Criminal Record	Number	Percentage
Prior Adult Arrest (But No Conviction)	219	15
Prior Conviction	793	54
Prior Commitment to State or Federal Facility	464	31
Total	1,476	100%

Prior Arrests and Convictions for Violent Crimes. As noted in the introduction to this survey, a sample of 50 cases was selected to ascertain the number of these cases with prior arrests and convictions for violent offenses due to the relevance of this information in considering the appropriateness of diversion or early release options.

Prior Arrests for Violent Crime. Of the 50 sampled cases, 26 (52%) had a prior arrest for a violent crime.

Violent Crime	Number
Murder/Homicide (inc. att.)	4
Robbery	5
Assault	13
Sex Offenses	4
Total	26

Prior Convictions for Violent Crime. Of these 50 surveyed cases, 11 (22%) were subsequently convicted of a violent crime.

Conclusion. At this time, questions are asked about the possibility of the diversion or early release of offenders committed for non-violent crimes (such as drugs) due to the Department's growing inmate population.

In response to these inquiries, this survey examined the personal characteristics, prior adult records and instant crimes of drug commitments with prior adult arrest records.

This survey found that approximately two-thirds of the drug offenders were committed for Class A sale of drugs crimes.

With respect to the prior criminal record of these offenders, 85% of these offenders with prior arrest records also had prior convictions. Nearly one-third of the offenders had been previously committed to a State or Federal prison.

It is also noteworthy that over 50% (26) of a sample of 50 of these drug offenders also had prior arrests for violent crimes as well as drug offenses.

These findings suggest that any consideration of the diversion or early release of these drug offenders should involve review of their individual case histories in view of the extensive criminal records (including violent crime arrests) as well as the seriousness of their conviction crimes.

PREPARED STATEMENT OF

BENJAMIN WARD,

COMMISSIONER OF CORRECTIONS,

CITY OF NEW YORK

Problems of Contraband Control
Within New York City Correctional Facilities

Statutory Background

Pursuant to section 626 of the City Charter, the Board of Correction adopted 16 minimum standards for New York City Correctional Facilities on February 14, 1978.

Part 10, dealing with visiting, has the greatest impact in the area of contraband control because it is through the visit process that the bulk of controlled substances enters City Correctional Facilities.

Physical contact is permitted between inmates and all visitors under section 10.6 of the Minimum Standards and small packets of controlled substances are passed from mouth-to-mouth in balloons or other similar means for retrieval and use after visits.

The contraband may be left concealed in the inmates mouth or hidden in body cavities to avoid detection. In some cases, balloons are swallowed and later excreted from the body for future use.

Efforts have been made to discourage these practices by educating visitors as to the severe penalties for promoting prison contraband. In addition, "amnesty boxes" are in place in some locations to afford visitors an opportunity to safely discard contraband before commencing a visit with no questions asked.

Searches of bags and packages carried by visitors are routinely conducted and electronic detection devices are used to screen these individuals in as unobtrusive a fashion as possible. Triggering an electronic detection device will provide cause to conduct as thorough a search as necessary to determine the presence of contraband or the visit will be disallowed.

Inmates are required to wear institutionally provided jump suits during a visit and are strip searched at the conclusion, to minimize the opportunities for concealing contraband obtained during visits.

Section 13 of the Minimum standards mandates that all inmates be permitted to receive packages from the outside with only reasonable restrictions imposed

All incoming packages are searched and examined, but the discovery of controlled substances and other contraband on an occasional basis gives rise to the inference that some percentage of these illegal items are successfully delivered to inmates.

Despite the stringent security methods imposed, it is virtually impossible to totally interdict the flow of easily disguised and concealed contraband in an environment which permits lengthy contact visits and package delivery.

* * *

Sections 205.25 and 205.20 of the Penal Law proscribe the promotion of prison contraband. They are directed at individuals who knowingly and unlawfully introduce contraband into detention facilities.

Coupled with the substantive crimes involving possession and sale of controlled substances, they represent the entire range of statutes dealing with the problem of prison contraband.

The statutes dealing with the promotion of contraband require a high level of proof (i.e. "knowingly" and "unlawfully") that discourages effective prosecution. A visitor caught in the act of bringing in contraband will frequently claim that the item was either planted on him by another, or that it was for personal use and that he simply forgot it was there.

The small quantities of controlled substances charged under possessory statutes are so miniscule as to invite disposition by dismissal or minimal pleas.

Substance Abuse Among Inmates

The Department of Correction has an active detoxification program to treat those inmates identified by the medical screening process.

The following is a monthly break-down of the number of inmates detoxified from June 1982 through May 1983:

Month	Number of Inmates	Month	Number of Inmates
June	842	Dec.	1187
July	961	Jan.	1270
Aug.	1182	Feb.	1005
Sept.	1235	Mar.	1154
Oct.	1504	Apr.	1011
Nov.	1319	May	1081

Total - 13,751

It is readily apparent that the high number of identified substance abusers creates a climate in which the importation of illicit drugs is a high priority.

Narcotic Detector Dogs

In July 1982, the Department implemented the use of three narcotic detector dogs trained by the U.S. Customs Service to identify and discover controlled substances including cannabis, heroin, and cocaine.

Correction personnel have been trained as skilled handlers of the dogs and an effective team has been forged in the continuing efforts to control the importation of contraband.

Periodic unannounced searches of facilities are conducted by the canine unit and quantities of controlled substances have been found on a routine basis.

Special attention has been given to key visit areas where the mere presence of the canine unit has been a deterrent to the importation of contraband.

Buses that are used to transport visitors to the facilities have been checked by the canine unit by assigning numbered seats to visitors upon boarding. After the visitors have disembarked, the dogs are used to detect residual traces of drugs and if any are found, the visitor to whom the seat was assigned is then thoroughly searched or his visit terminated.

Sweeps of package, mail, and locker rooms are also conducted periodically to discourage the importation of contraband by those means.

Following is a summary of the materials discovered by the canine unit in its first year of operation:

Marijuana

Balloons - 438
Envelopes (nickel bags) - 116
Cigarettes (joints) - 134

Pills & Capsules

(Amphetamines & Tranquilizers) - 328

Heroin

Glassine envelopes - 11
Balloons - 3

Cocaine

In foil - 3
In balloons - 4
In one (1) dollar bill - 1
In ten (10) dollar bill - 1

Hashish

Two (2) chips

LSD - One (1) tab

Methadone
Balloon - 1
Tottle - 1

Paraphernalia

Syringes - 11
Cookers - 4
Packs of rolling paper - 50
Scotch Whiskey - 2
Rubber eye dropper - 1
Smoking device - 2
Cut straws for snorting - 10
Knives - 7
Scissors - 1
Razor blades - 2
Screwdrivers - 2
.32 caliber bullet - 1

Employee Introduction to Contraband

A small number of employees, both uniformed and civilian, have been arrested and prosecuted over the past year, for introducing contraband into the facilities.

A correction officer was recently indicted and convicted for giving a quantity of cocaine to a fellow uniformed employee in the vicinity of the Rikers Island parking lot.

An undercover investigation conducted jointly by the Department of Correction and the Department of Investigation has resulted in administrative disciplinary charges against several employees for possession and use of "recreational" quantities of controlled substance. The results of this operation have indicated that substance abuse by staff may become a growing problem in light of expanding use by younger segments of the population.

Last year, two civilian employees were indicted and convicted for selling small quantities of drugs to an inmate. Their prosecution was significant in that it highlighted the corruption hazzards among non-custodial employees who have wide access to all parts of the facilities due to their work assignments.

Inspector General Activity

The Office of the Inspector General of the Department of Correction has primary responsibility for the investigation of allegations concerning the introduction of controlled substances into the facilities.

Among other activities, the Office of the Inspector General conducts surveillances of suspected employees and gathers evidence for federal and state prosecutors.

Inmates who are found to be in possession of significant amounts of controlled substances are debriefed and on occasion, used to develop cases against their sources of supply.

In addition, the Office of the Inspector General maintains a central log of controlled substances found Department-wide, and assigns control numbers to each discovery. Periodically, investigators are dispatched to the facilities to collect the materials found in order to prevent them from re-entering the mainstream and to assure their proper destruction.

The table below summarizes the number of narcotics notifications made by the facilities in the past year and the types and quantities of materials received:

hjc

NUMBER OF NARCOTICS NOTIFICATIONS
TYPES AND QUANTITIES
IN THE PAST YEAR

INSTITUTION OR FACILITY	NUMBER OF NOTIFICATIONS	MARIJUANA				WHITE POWDER			PILLS		WORKS		MISC.
		BALL	BAGS	CIG	LOOSE	BALL	BAG	LOOSE	BALL	LOOSE	NEEDLES	SYRINGE	
ARDC	27	243	77	242	119	0	11	11	0	289	2	4	1 bag marijuana 1 bottle lomotil
AMKC	28	27	13	125	107	1	1	13	0	148	0	0	3 bags of heroin 2 small bottles methadone
Bx HDM	05	29	18	42	04	2	2	3	1	26	2	2	4 qual-uudes
Bk. HDM	08	19	12	82	18	0	0	7	0	03	3	3	
CIFM	49	66	21	115	61	5	0	11	3	91	0	0	4 small bottles methadone
HDM	19	75	33	82	34	0	20	3	0	102	0	0	2 ball heroin 2 bottles methadone 1 tab LSD
QNS. HDM	33	15	01	4	38	0	0	0	0	45	0	0	
CIFW	22	13	02	151	24	1	4	5	0	122	12	13	
R.I.H.	08	0	0	11	04	0	0	0	0	04	0	0	
K.C.H.	01	0	0	0	01	0	0	0	0	0	0	0	
R.I. SEC	01	4	3	4	0	0	0	0	0	0	1	0	
M.C.R.F.	05	0	2	11	3	0	0	0	0	0	0	0	

PREPARED STATEMENT OF

EMIL A. CICCOTELLI,

DEPUTY CHIEF OF POLICE,

NEW YORK CITY POLICE DEPARTMENT

In recent years, the New York City Police Department has expanded its efforts aimed at reducing or eliminating narcotics trafficking in the City. At the same time, City and State administrations have implemented numerous social reforms, introduced innovative legislation and experimented with diverse enforcement approaches, but in spite of these efforts, it is fair to say conditions have not improved as dramatically as we had hoped. In reality, we continue to be faced with a problem of monumental proportions.

In 1982, the Narcotics Division of the New York City Police Department effected 17,733 narcotic arrests while the department as a whole recorded over 33, 000 such arrests. Again, in 1982, the Narcotics Division seized and purchased over 60 pounds of Heroin, 103 pounds of Cocaine and 1,090 pounds of Marijuana. This was accomplished by making 11,222 buys at a net cost of $1,220,606. In addition, 478 guns were recovered as were 28 vehicles and $1,078,923 in U.S. currency. Nine hundred twenty-one search warrants were executed in 1982 and arrests for Heroin related violations increased by 11%, Cocaine arrests by 71% and Marijuana arrests by 21%. It is anticipated that these figures will be exceeded in 1983 despite a reduction in our available forces.

One must now ask, is the narcotic condition in New York City any better now than in the past? The answer is, in my opinion, no. The availability of drugs and abuse by citizens flourishes in the community,often openly,despite our enforcement efforts.

The problem is a pervasive one, from California to New York, from Mexico to Canada. Drug trafficking does not recognize state lines or international boundaries. It is not confined to one corner of our country or one segment of society. The Federal Government must accept a stronger leadership role if we are to stem the rising tide of drug abuse.

The New York City Police Department takes great pride in its ability to seize, remove and destroy these substances from circulation. But is is estimated that enforcement interdicts only 10% of the available narcotics. Consider the 90% that defies our efforts and ultimately reaches the consumer.

Our experience indicates that local law enforcement cannot, unilaterally, eliminate the illegal drug trade. Circumstances mitigating against its elimination include the enormous profits, almost unlimited supply, widely diffused production, distribution and importation points and ever-increasing social acceptability of some drugs, especially Marijuana and Cocaine.

For example, our experience indicates that many freelance entrepreneurs, not connected with traditional organized crime networks, are dealing in kilo and pound weight Heroin, Cocaine and Marijuana, to which they apparently have easy access. My department has arrested major drug dealers who have no previous arrest record. In fact, some

of them are successful business people, including clothing manufacturers, restaurant owners, fashion designers and the like.

In 1977, the New York State Legislature, responding to popular pressure, passed the Marijuana Reform Act which drastically reduced the penalties for its sale and possession. This Act, in effect, decriminalized the private use of Marijuana. Penalties for possession were reduced to a point where such violation is now tantamount to nothing more than a traffic infraction. The more devastating result of this action has been the massive increase in both the availability and popularity of the drug. In spite of thousands of police actions per year via summons or arrest, the City is plagued with a small army of Marijuana dealers who infest our parks, commercial areas and amusement centers.

We estimate that there are currently more than 800 "Smoke Shops" or bogus store fronts operating throughout theCity that deal Marijuana on a continuing basis. Many of these shops are in close proximity to schools and have engendered numerous complaints from parents, educators and concerned community groups. In order to deal with this situation, the New York Police Department's Narcotics Division implemented "Operation 3-Rs" which has resulted in over 6,600 arrests in the vicinity of schools over the past two years. The fact that 92% of those arrested were non-students and that many of these arrest situations concerned elementary schools, has caused even greater concern.

During the past several years, opium production has constantly increased in countries traditionally producing it. In addition the emergence of new source countries in Southwest Asia has increased the availability of Heroin on our streets. Although more intensive enforcement activity is credited with slowing the increased Heroin availability, the upward trend in recreational use of Cocaine has negated whatever success had been otherwise achieved. Cocaine has increased tremendously in popularity as a drug of choice in our society. It is sold throughout the city in social clubs, neighborhood hang-outs, bars, discos and in larger parks. To meet this challenge and preserve the "Quality of Life" at the community level, the Narcotics Division has increased its enforcement efforts against low level street dealers.

We must constantly remember that, with the exception of a small percentage of Marijuana, all of the "drugs of choice" utilized in the United States are illegally imported. Therefore, the responsibility for combating drug abuse must always be primarily a federal one. A thorough evaluation of government policy concerning drug enforcement must be undertaken at the highest levels, involving both the executive and legislative branches. International narcotics control must be elevated in priority when formulating foreign policy, keeping in mind the frequently stated strategy to attack the source of supply abroad by eradication in the fields. A re-examination of the role the intelligence-gathering community plays, in narcotics control, should be conducted and federal funding allocated for domestic enforcement, treatment and rehabilitation of drug addicts must be increased.

The Government's economic assistance programs should be carefully re-evaluated. Countries profiting from or allowing open drug cultivation should be penalized. In addition, treaties should be examined, re-negotiated where appropriate, and pressure placed on governments which express an unwillingness to deal with processing plants operating with virtual immunity within their borders. A concentrated attempt should be undertaken to interdict illegal imports coming from source countries such as Iran, Pakistan and Afghanistan where crop/income substitution programs are not politically feasible at this time.

The United States must also serve as an example to others and lead the way in healing ourselves by exterminating domestic Marijuana crops. It is unrealistic for us to seek assistance from our global partners if we cannot display a self-initiative worthy of imitation.

Efforts to control supplies constitute a federal responsibility and must involve a mix of federal, international and local initiatives, including:

(a) International

- Bilateral crop substitution and/or eradication program agreements.
- International income substitution programs like those undertaken by UNESCO's Fund for Drug Abuse Control (UNFDAC).

(b) Federal

- Continued orchestration of federal and local intelligence by the Drug Enforcement Administration (DEA) and/or the DEA/FBI.

- Federal takeover of New York City's costs for narcotics law enforcement, including the New York Police Department's Narcotics Division and the Joint Task Force.

(c) Local

- Increased street activity at the local level, to deal with the community's justifiable need for visible police response to street dealing and addiction.

Meanwhile, Federal Task Forces of the Drug Enforcement Administration based in major cities throughout the country should be immediately strengthened and expanded to afford greater assistance to local law enforcement agencies.

The coordination of effort between the Drug Enforcement Administration, the New York State Police and the New York City Police in the Joint Task Force has been a major factor in combating illegal drug operations. We have achieved outstanding results with this concept. Presently staffed with 33 Federal Agents, 20 State Troopers, and 89 New York City Police Department investigators, this Joint Federal, State, City Task Force has been responsible for over One Billion Dollars in drug seizures since its inception in 1970, incarceration of numerous major violators and confiscation of Six Million Dollars in currency. With all support services provided by the Drug Enforcement Administration and policy set by ranking officials of the participating agencies, this format allows direct intervention of the Federal Government coupled with local input into enforcement undertakings.

A long-range enforcement policy including the utilization of resources from all branches of the military, in supportive and operational functions, to intercept air and sea vessels suspected of carrying contraband, should be formulated and implemented immediately.

None of the foregoing should be viewed as an amelioration of the local law enforcement agency's responsibility in these matters.

At the present time, the New York City Police Department has made the following personnel commitment to the Narcotics Division to address the problem as it currently exists in the city:

2 Inspectors
4 Deputy Inspectors
7 Captains
20 Lieutenants
60 Sergeants
78 Detectives
306 Police Officers
30 Civilians

In addition to these assignments there are the previously mentioned 89 investigators and supervisors from the New York City Police Department currently working in the Joint Task Force made up of City, State and Drug Enforcement Administration personnel. Numerous precincts throughout the City have also established Special Narcotic Enforcement Units and Quality of Life teams to address low level narcotic conditions in parks and streets. As you can see, there is a substantial commitment of manpower detailed to work specifically on the narcotics problem.

While it is difficult to determine the overall effect drug use and sales and drug-related crime has on the police function in this city, it is our opinion that a great deal of all serious crime is in some way related to drugs.

A recent study by Temple University researchers of 243 male opiate addicts in the City of Baltimore indicated that these 243 addicts committed more than 473,738 offenses over an eleven year period. Theft was the principal crime for 156 of the 243 addicts, the remainder committed a variety of different crimes. The subjects of this study were not addicted, on the average, during one third of the time studied. Their crime rates declined by 84% during the period when they were not addicted. When addicted, they committed six times as many crimes as when they abstained. There is little or no reason to believe that the result of a similar study, if it were to be conducted in New York City, would not indicate the same findings. In New York State, 60 percent of all inmates are Heroin addicts or alcoholics or both, these findings leave little doubt about the effect drug use has on the crime picture in our city.

The over 33,000 arrests made by the department for drug-related incidents in 1982 have had a serious impact on all parts of the criminal justice system in terms of court delays, shortage of prison space and high overtime costs for the Department.

Mr. Joseph Califano in his 1982 report to the Governor stated that the criminal justice system is overwhelmed. To illustrate this point, he wrote the following.

> "Think of the criminal justice system in New York, or any other state, as a small kitchen funnel. Then picture what happens when you try to pour gallons and gallons of water through the funnel. A little gets through, even goes where it's supposed to. But the funnel can't handle most of it and the water spills all over the place. We're trying to force drug and other cases through a funnel that can't properly handle a fraction of the volume we're pouring in. We maintain the criminal justice system at a grossly inadequate level. Police arrest a small fraction of the drug offenders they know about. Many of those they arrest don't make it through arraignment, indictment and conviction. Fewer still are sentenced to prison. We can't keep even the dangerous criminals we know about off the streets. The deterrent value of criminal sanctions is shattered. So is respect for law and the legal system.
>
> There's no quick or cheap solution. The taxpayers have to ante up more money to hire cops and get them on the street, to hire judges, prosecutors, parole and

probation officers, to build new jails and prisons, to provide treatment for addicts in prison.

No matter how much we want to concentrate on and catch the bigger fish, we can't ignore the street-level dealers and users. If we're going to have any chance to stop the blight in inner-city neighborhoods, we must get addicts off the streets, preferably into treatment, and we must get pushers into prison. Their presence on the street perpetuates a vicious cycle. It affects the quality of life and how people feel about their neighborhoods. Decent people stay off the streets, and the streets become that much more dangerous. The presence of addicts also encourages cynicism about the police and about their commitment to the community; it fosters a sense of hopelessness about the prospects for neighborhood rehabilitation."

Mr. Califano's statement is perceptive and accurate and his recommendations are consistent with ours.

Finally, no discussion on narcotics abuse and control would be complete without comment on preventive programs. If we are committed

education of our children at the earliest age. We all agree that the youth of our nation are the future of America. It then necessarily follows that there must be a national effort to provide them with first-hand knowledge of the effects of drug abuse and the dangers that it presents to them. Parents must be assisted in their guardianship roles through education of the symptoms and results of drug abuse by the young. This is not an easy task. Our commitment must be total. It will call for dedication, perseverance and involvement at all levels of Government with coordination and assistance from federal agencies.

No government in a democratic country can combat the great drug epidemics without strong public support. The nucleus of this support must be parent organizations which are most conscious of the problem. It requires, however, something of a national rising to drive the question forward and give politicians the courage and strength to dare to stake their political future on this difficult task.

The best help you can give the children is the same help which every government needs in a country afflicted by drug epidemics. A wholehearted support for a long-term consequent and restrictive drug policy. You are the decisive factor in that fight. But time is short. In a few years it may be too late to win the drug war. Then there would

only remain a slowly disintegrating society with an uncontrolled abuse of numerous inebriants.

It is time to admit our shortcomings, to work together and to look to new programs and initiatives. Congressional hearings have been held, speeches have been made and proposals have been drawn and re-drawn. Drug abuse must be recognized as an international problem, which, if not eradicated, will be left to our children and in turn to their children. We cannot afford to wait any longer.

THANK YOU.

PREPARED STATEMENT OF

MAJOR THOMAS P. MULLER,

OPERATIONS DIVISION, NEW HAVEN DEPARTMENT OF POLICE SERVICE,
NEW HAVEN, CONNECTICUT

The City of New Haven, population 126,000, is the core city of a seventeen-town metropolitan region in South Central Connecticut. New Haven lies approximately 75 miles northeast of New York City and 140 miles southwest of Boston.

My personal experiences, supplemented by reading and conversations with authorities, indicate that the drug problem in the area is similar in scope to that found in cities and regions of similar size and demography.

New Haven police officers made more than 600 arrests for narcotics violations in calendar year 1982. 309 of those arrests were accomplished by our Street Crime Unit. Of that amount, 157 were for sale or possession with intent to sell.

Complementing the activities of our Street Crime Unit is the Statewide Narcotics Task Force. This group was established in 1977 and it is composed of state and local police officers. During Fiscal Year 1981-82, the Statewide Narcotics Task Force completed 303 cases resulting in 140 arrests. 123 of these cases originated in the City of New Haven.

This cooperative approach, which involves a sharing of information and resources, has had a most positive impact on our ability to zero in on the narcotics problem.

According to the U.S. Department of Justice, half of all jail and prison inmates regularly use drugs before committing their offenses. One concludes from this finding that a substantial number of crimes, especially those in the street-crime category, are drug-related, either directly or indirectly.

My own impression is shared by many police officers -- that perhaps 85% of crimes against persons and property are narcotics-connected.

In view of the clear connection between narcotics abuse and the commission of crimes, it is obvious that close attention must be paid to the drug problem if we are to address the crimes that arise from that problem.

As a police officer, I am concerned with a criminal justice system which, due to certain inadequacies such as manpower, financing and other factors, cannot adequately prosecute even some of the most serious narcotics violations.

We have the spectacle of suspended sentences, troublesome plea-bargaining and ill-advised parole policies. All too often, those we arrest are back on the street in a relatively short period of time, repeating the offenses for which they were arrested in the first place. Aside from the obvious problems this creates by returning social misfits to society, it also has a demoralizing effect on those involved in law enforcement.

There must be a nationwide reassessment of those policies which return criminals to the streets. We must consider the development of more prison facilities to accommodate those who cannot accommodate themselves to the rules of society.

As the narcotics problem reaches down to the junior high school and even the elementary school level, we must have education programs for those involved in the education process. There must be an enhanced spirit of cooperation between educators and those involved in law enforcement. We, too, are concerned with the welfare of our young people.

I do not expect to see the day when the narcotics problem is totally eliminated. There will always be those poor souls who have a craving for escape or a high or a low and there will always be those who will capitalize on this traigic market.

But I am convinced that, with a firmer commitment on the community, state and national level, we can make substantial advances in the battle against drugs and the terrible pain that addiction imposes on its victims.

PREPARED STATEMENT OF

GEORGE P. HEMMER

DEPUTY CHIEF OF POLICE

NEWARK POLICE DEPARTMENT

NEWARK, NEW JERSEY

Nationwide, urban police department are encountering an increasing difficulty in controlling narcotics traffic within their boundries. Factors which relate to these problems include a general reduction in manpower in most urban departments, cutbacks in material and equipment to aid law enforcement, and the increase in drug availability on the street.

It is our contention that the drug problem which permeates our society has reached the stage where it is far beyond the capacity of urban governments to mount effective programs combatting it.

The huge profits derived from participating in this illicit activity has engendered a rise in countless local entrepreneurs. Some have connections not only interstate but also international. While we realize there is a large scale involvement by traditional organized crime in this trade, it also appears they have no monopoly. Many local and independent operators are acquiring drugs, making enormous profits and having a damaging effect in many urban areas. Any effective and sincere effort to attack and minimize the drug activity should include an ambitious effort by the Federal Government to assist local urban areas to attack the local operations.

This effort, in order to impact on narcotics traffic in urban areas of our country, requires an active role

on the part of the Federal Government and a financial committment to assist the local areas in their specific type of drug problems.

It is recommended that the United States Government assist the urban cities in developing a plan of action to make local drug enforcement more effective. Four ways in which this could be accomplished are as follows:

1. Consideration should be given to recommending adaptation of new laws at Federal (or State) levels based on laws enacted by the State of Florida in which all fruits and profits from the sale of drugs are turned over to the arresting authority after conviction of the violator. The arresting authority can use or sell these goods, be they cars, boats, houses, cash, or any other valuables, in the enforcement of other cases of drug enforcement. Passage of this type of law would not only seriously damage the holdings of the violator, it would also alleviate some of the financial burdens hampering local enforcement.

2. Special consideration should be given to develop a plan similar to New Jersey's "Safe Streets" program which has been used successfully in combatting street crime. Monies should be made available and specifically earmarked for municipal drug enforcement by the Federal Government through

the State coffers to the City. This program could be used to effectively stage a concentrated effort on middle or upper level drug dealers while still maintaining enforcement on lower level street activity. Additional personnel, vehicles, special equipment and "buy" monies are needed to successfully accomplish this effort.

3. It is also recommended that our national political leaders use the power and influence of their office to inform the sports and entertainment communities that they (the political leaders) and those in law enforcement frown upon any glamorization of drug use. There should be a concentrated effort and committment to discourage this destructive behavior by boycotting shows, pictures, and events that depict drug use as a fun and/or "in" thing to do.

4. The Federal Government should support the upgrading of our prison system and the building of new prisons. They should also encourage judges to treat convicted drug violators, specifically profiteers, more stringently.

Enforcement of our drug laws is a major law enforcement responsibility. Implementation of these laws in the past has proved to be an effective way of dealing with crime-problem areas. Drug activity, the sale and use of drugs, particularly heroin and cocaine, has always precipitated criminal acts of a

wide description. As police officers, it is our responsibility to apprehend the individuals who conspire to violate the drug laws. However, as drug activity increases, the task becomes more difficult.

There are different categories of drug offenders such as:

1. The major importer of drugs, with international connections.....
   This type is rarely encountered by municipal departments.

2. The middle level dealer, or profiteer....
   This type of dealer can and has been investigated and arrested by our department when indepth involves electronic surveillance and/or when undercover operations are feasible.

3. The street level pusher and user.....
   The Newark Police Department deals mostly with this user, or dealer type.

It is apparent that if drug enforcement is kept at this current level, without further exploring the sources that supply the contraband, we will never effectively control or even limit this supply. Street type arrests assist in satisfying citizen complaints temporarily. However, they alone cannot stem the flow of drugs in the city. The alternative to this single method of drug enforcement is to concentrate to a greater degree on the drug distributor. This

can only be accomplished by re-focusing manpower, equipment and other resources. In the past, the Newark Police Narcotic Bureau received assistance from the Federal Drug Enforcement Administration, as well as the County Bureau of Narcotics.

Our personnel and that of the D.E.A. have been combined in a strike-force type effort. In recent times, with economic cutbacks as well as the loss of personnel on all sides, our involvement with each other in major investigations on middle and upper-level drug dealers had diminished. It is important that we make an assertive effort to initiate these types of major investigations again. This can only be accomplished with the aid of the Federal Government through the Drug Enforcement Administration. It is important to understand that since the drug trade knows no boundries, our problem in Newark is a Federal, State and County as well as a Municipal problem. Therefore, a joint effort should be mandated.

It is no secret that to successfully reach our objectives a great financial burden is placed on law enforcement. We are dealing with a foe that has millions of illicit, tax free dollars at their disposal. Perhaps it is time we try to funnel some of their illicit assets in to the war on drugs. We could start by considering a method used by law enforcement officers in the State of Florida. There, a law was passed by the State

allowing the seizure of all monies, properties and other assets from arrested and convicted drug dealers. With new-found monies rewards are paid to informants, equipment is bought, vehicles are purchased or rented, as well as other items that may assist in drug investigations. The State of Florida also developed an informant incentive plan used by the Fort Lauderdale Police which has shown positive results. We must realize that we compete for the cooperation of informants with drug dealers and contacts paying people paltry amounts while the dealers have money, drugs and fear to keep most people in line. The innovative method mentioned above would allow us to operate at a respectable level while hitting the dealer in the pocketbook without placing an extra burden on the taxpayer.

While the Newark Narcotic Bureau has been operating at a decent performance level, and continues to produce a high percentage of arrests, with less manpower, the influx of drugs and the criminal activity that accompanies it has increased over the last four years. Seizures and arrests have risen sharply especially in the areas of heroin and cocaine.

The drug problem in Newark centers around drugs such as heroin, cocaine, marihuana, and barbiturates. Barbiturates constitute 95% of all the pills confiscated. It is apparent that most of the drugs used in the city are depressants, with cocaine the obvious exception. Cocaine, once known as the "rich man's

drug," has become the "peoples' drug." At one time, it was thought not to be addictive. That has proven to be false, with thousands of people from all economic levels becoming psychologically addicted in recent years.

It is alarming to note the frequency with which certain public figures, such as, popular entertainers and athletes glamorize the use of certain drugs, especially cocaine. In most instances, the intent by these indivudals is to make light of the use of all drugs. Some rationalize involvement and others fail to realize the impact and influence they have as role models on our youth and people in general.

The quality of cocaine and heroin varies in our urban areas, depending on what level it is purchased at. For example, street cocaine averages between five or eight percent actual cocaine, while it is about twelve percent when bought in larger quantities. Heroin is three to six percent in the street, and about ten percent when purchased by the ounce. Both drugs can be acquired at much higher quality levels when bought wholesale by the individuals who have the connections and the money. The majority of the heroin and cocaine that is bought in large amounts, appears to be purchased in New York City. Much of the cocaine in the metropolitan area comes up from the Florida area in one fashion or another, as does most of the marihuana found here. Marihuana is sold in quantities ranging from a one dollar cigarette

(a joint), to a five-dollar bag (a nickel), to ounces for fifty dollars and up, again according to quality.

Barbiturates have become a serious problem in the last few years. Most of the pills seized are Doriden and Empirin Compound with Codeine. Most of the pills are manufactured by legitimate pharmaceutical companies and reach the streets through various methods. Some are hijacked from trucks or stolen from the factories. Many are purchased at a few cents a pill through disreputable pharmacies or through prescriptions obtained through doctors. Some pills are bootlegged or made in clandestine laboratories. The pills are sold in bundles, a plastic bag containing 25 Doriden and 25 Empirin Compound with Codeine tablets, for about $125.00. One each of these pills is wrapped in foil, known as a "hit," and sold for an average of $8.00 per hit on the street. Persons who are addicted to these pills are in grave trouble, as much as if they were hooked on heroin. The drugs can attack the central nervous system and cause the user to have seizures reminiscent of epileptic fits. The withdrawal symptoms are severe and pill addiction is not commonly recognized by the general public as is heroin addiction. Therefore, individuals who are arrested for possession of drugs, possession with intent to distribute, and sale of these pills are usually not considered as serious drug violators as are the procurers of heroin and cocaine. This is a fallacy. The rate of profit gained by sale of barbiturates is second to none.

Unfortunately, there is such apathy towards persons who violate our drug laws, especially when the violation involves certain drugs such as barbiturates, marihuana or cocaine.

An additional stumbling block for law enforcement in trying to combat the drug problem while addressing other crime problems in the urban areas is the revolving door system of our courts. The recidivisim among drug violators, dealers, and users is phenomenal. A high percentage of the people arrested for narcotics have been arrested before, and most of the time for the same type of offense. It is not unusual for a police officer to arrest a suspect who is already out of jail on one or more bails. Upon accumulating several arrests on several charges, this violator will make a deal (plea bargaining) through his lawyer with the prosecuting authority and the Court. Usually they plead guilty to one or two of the pending charges while the rest are dismissed. At sentencing, his cooperation is taken into account, and he is sentenced accordingly. Many times the offender receives a suspended sentence or probation since there is no room at the penal institutions. In the interim, he continues to deal drugs.

The overcrowding of our prisons does not help the situation. Room must be kept for people convicted of violent crimes. Consequently, the person convicted on drug charges,

is treated as if he were a white collar criminal. The man arrested and convicted of drug violations and abuse very often is the same individual that commits robbery, break and entries, auto thefts and a myriad of other crimes. The drug dealer gives the user the reason to go out and perpetrate crimes described above.

We have the laws and the penalties to incarcerate individuals that are arrested again and again. We need judges willing to put these consistent law breakers away. Why should a person stop breaking the law when he is reasonably sure that his penalty will not be severe, even after getting caught several times? In the event he does go to jail, his sentence does not reflect what he actually serves. A person who gets sentences to three years, may do about nine months with good behavior. A five year sentence may necessitate an eighteen month stay with the possibility of early release to a half way house in the city, or possibly a work release program. This allows the violator to be on the street part of the time and in contact with drug connections. We must become strict and eliminate the codling of those that are caught in drug activity....especially the drug dealer whose only goal is money with no regard to the tragic consequences and devastation that they sell which ultimately ruins human lives.

PREPARED STATEMENT

OF

RICHARD J. RUSSO, M.S.P.H.

ASSISTANT COMMISSIONER

ALCOHOL, NARCOTIC AND DRUG ABUSE

NEW JERSEY STATE DEPARTMENT OF HEALTH

TRENTON, NEW JERSEY

New Directions

With the advent of the "New Federalism," there has been a growing shift in responsibility from the federal to the State and local governments. In this period of transition, states are confronted with greater demands and diminished resources. Clearly, this calls for greater planning and coordination of services at the State and local levels as well as a reexamination of priorities. In this current climate of fiscal restraint, the allocation of limited resources must be undertaken in the most cost effective and beneficial manner. Emphasis must be placed on preventative services for the more we can do to create healthy children, and teach them healthy life-styles, the better are our chances of having a healthy adult population.

What I hope to give you today is a positive game plan for the effective delivery of services in the field of substance abuse, given the decline in fiscal support.

In light of the "New Federalism," it's incumbent upon the State and local levels of government to work out problems. With the advent of the current congressional mandate, Block Grant Regulation Prevention Fund, Section 1915 (c) (8) which requires that 20% of all alcohol and drug monies be allocated to prevention, states and local levels of government have been and are faced with more than their fair share of problems. With resources in short supply, we have to determine where our limited monies will do the most good and accordingly, we must pool our resources in an effort to increase our effectiveness.

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With traditional societal structures crumbling, high unemployment rates, single parent homes, working mothers and lack of meaningful alternatives, adolescents, in particular, are being forced to face the world with few supports to help them through the confusing and often chaotic teenage years. Current national data adequately demonstrates a significant correlation between alcohol and other drug use and abuse among our youth. This is also highlighted by growing rates of absenteeism, vandalism, runaways, and other delinquent behavior and criminal acts.

In addition to an incalculable amount of human suffering, there is also a large economic cost directly related to the abuse of psychoactive chemicals. The most recent estimate of the economic costs of substance abuse in the United States was $65.8 billion for the year 1977--$49.4 billion for alcohol abuse and $16.4 billion for other drug abuse. (Cruze, Harwood, Kristiansen, Collins and Jones, 1981). This included costs of providing treatment for substance abuse itself, treatment for related medical disorders, lost productivity and criminal justice system costs for drug related crime, among other factors. It did not include the costs of goods stolen to support a drug habit. Given the size of the economic cost to society of various forms of substance abuse, it is, therefore, important to examine the fiscal and society benefits of substance abuse prevention programs.

In New Jersey, the 1982 costs of heroin addiction was approximately $782.5 million. According to recent data, the approximate cost of providing a full range of treatment services for each client in New Jersey's drug treatment system averages $3,000 per year for an overall cost to New Jersey of approximately $20 million.

Although these estimates are very rough, they provide an indication of the tremendous social costs associated with heroin addiction. The total annual costs of heroin addiction in New Jersey are estimated at over three-fourths of a billion dollars with the major direct costs being borne by the treatment and criminal justice systems and the major indirect costs being lost productivity.

Given these realities, there is an unquestionable need to focus our energies on preventative measures. Prevention, by its very nature, is a long-range, encompassing field. Unlike treatment where the focus is on illness and the alleviation of symptoms, prevention focuses on wellness, where one must look at a myriad of impacting factors and the root causes of the deviant behavior.

Obviously, immediate treatment efforts should not and cannot be abandoned, but concerted emphasis should be placed on the development and implementation of meaningful prevention and intervention activities.

Given the shift in responsibility from the federal government to the states and local government, the State's role in the delivery of prevention services should be by law that of enabling and coordinating. States must assume a leadership role by providing an overall sense of identity, purpose and direction by setting policy and procedures. As part of the states enabling role, it must help communities to help themselves by:

- Providing technical assistance for the purpose of encouraging meaningful prevention programming uniquely designed to address the needs of each community.
- By facilitating the transfer of monies to the local governments.
- By establishing a system of program monitoring and evaluation.
- By establishing a system of fiscal accountability for the utilization of funds.

Moreover, it should provide a philosophical framework from which all programming can emanate.

In New Jersey, for example, we expound a behavioral health philosophy that requires that all prevention activities take into account not only physical and psychological factors but also the social and economic well-being of individuals. Inasmuch as we believe that most problems facing our young people today can be resolved on the community level, we encourage community organizing.

While numerous approaches have been attempted by states and local communities to prevent illegal and socially unacceptable activities from occurring among youth, the majority of the approaches were directed towards drug specific activities.

As part of the states coordinating role, we encourage communities to impact the social ills of today by utilizing the social networks, institutions and settings that significantly influence the development of the youth to be serviced. Within this framework is recognition of the importance of institutions for providing structure in our communities and the potential for using care givers within these institutions to act as change agents. The school, police and local government, (elected officials), are identified because 1) they are permanent institutions found in every community across the nation--urban, suburban and rural, and 2) although these institutions are not the only permanent institutions in the community, they are utilized because of their potential influence on youth, either in a positive or negative way.

The schools are high impact institutions which have the responsibility of preparing youth for full adult responsibility through education and demonstration of model deportment.

The police are identified because any aberration of behavior deportment eventually involves the police, especially if the activities involved are illegal consumption of alcohol or illicit use of drugs.

The local government (elected officials) is utilized because they serve as the representative voice of the community, the nucleus of which is the family.

As a process under the rubric of the Statewide Community Organization Program (SCOP), New Jersey's major primary prevention activity is community organizing. It, 1) builds upon a foundation of coordination of services (networking), and 2) institutional as well as individual cooperation which ultimately leads to social and political change. For it is only through focusing on root causes of problems, rather than symptomatic ills that fundamental change can and will occur.

Over the past three and one-half years, approximately 120 local communities have undergone SCOP training and are, in fact, forming a political constituency in support of preventative services. This constituency is comprised of police, school personnel, parents, clergy, businessmen, etc. and most importantly elected officials. This in my mind is the type of constituency which needs to be developed nationwide and is being called for by such advocates as Congressman Charles Rangel, Democrat-New York, and others. This type of constituency is of the utmost importance for it enables both local and State officials to meet the shift in responsibility created out of the New Federalism. Our motto, "Helping Communities Help Themselves," again is reflective of our State's strong desire to keep and maintain a low profile, and to keep State government from imposing and dictating local needs. Multifaceted problems demand a interdisciplinary approach to problem solving.

SCOP's approach is a low cost, multi-agency, multi-level strategy that focuses on the community and its own resources, rather than on the State or federal government. Thus creating, according to our Governor, Thomas Kean, a politically viable, locally marketable, program that most any funding agency would smile upon.

Moreover, programs developed and initiated out of these SCOP trained communities have not only been cost effective but were specifically designed by local residents to address their particular community needs.

A recent, indepth, cost-benefit study of four New Jersey SCOP trained communities (suburban, urban and rural), revealed a savings of over $200,000 as a result of SCOP related activities. Four major types of monetary benefits to the local communities were identified: 1) increases in school attendance, 2) decreases in school vandalism, 3) provision of alternative services for high risk youth, and 4) increased volunteer services. Given these savings, it behooves us to become more involved in such preventative efforts. While New Jersey may well be a forerunner in this approach, other neighboring states are beginning to undertake similar efforts whereby concrete dollar savings can and are being calculated and assessed.

Although I'll be the first to admit we have suffered serious losses due to State and federal budget cuts, I won't say that the future is bleak. In fact, if we can capitalize on this new emphasis on prevention, if we can tie into community-based prevention efforts, we can greatly enhance our community image and credibility. We all know that many treatment centers are ostracized from the towns or cities they are in, that they're often criticized for attracting drug addicts or other such social outcasts. But with prevention, we have the opportunity to be visible in the community as people and health professionals who are concerned and who can contribute to positive efforts. We must remember that the public often views drug treatment as a negative thing, but that prevention is a positive activity.

Clearly, as indicated in a recent article in the May 1983 issue of the U. S. Journal, "Block Grant problems need to be (reexamined and) discussed..." As Congressman Rangel indicated, "Administration cuts in federal domestic programs do not save money because they do not eliminate the problems of poverty, alcohol abuse, and drug addiction." Such results simply move responsibility for the problems away from the federal government and place it on State and local government. Therefore, I strongly urge that:

1. Increased dollars for prevention be allocated but not at the expense of much needed treatment services.

2. The State's role to local governments in response to the New Federalism must be one of facilitation and enabling with increased emphasis on preventative services inclusive of legislation.
3. The formation and value of constituency groups on local levels be encouraged and welcomed in an effort to assist states in dealing with the shift in responsibility and the delivery of meaningful prevention services.

The Drug Problem in New Jersey

First, I should emphasize that without our reliance on the Federal systems, and DAWN-like data the State is collecting from hospitals and the medical examiner in the Newark area, we would be unable to make any meaningful statements about the extent and types of drug problems in New Jersey.

Using CODAP, we have been able to estimate both prevalence and incidence of heroin abuse. This information was of the utmost importance in identifying and responding to the rapid increase in heroin abuse in Northern New Jersey in 1979 and 1980. We have also been able to show that recent reductions in treatment admissions are not due to less drug use, but rather are a direct result of the reductions in resources available for treatment. In Newark, for instance, we estimate that treatment admissions for heroin abusers are half what they would have been without those reductions. Our data analysis indicates that heroin addiction remains at the same high levels since 1979, while our ability to deal with the problem has diminished.

We have identified a major epidemic in Northern New Jersey—the combined use of glutethimide and codeine. All of our indicators point to its being an extremely serious problem, particularly in Newark, where it is causing as many deaths and emergency room incidents as heroin. And the user population is not the same. "Hits," as they are called on the streets, are being used by a younger population, one which is not involved with heroin.

We have extrapolated data from National and other surveys to provide estimates of the use of other drugs in New Jersey. There are over a half million marijuana and over 100,000 cocaine users in the State. Although marijuana use seems to have peaked, our data indicate that cocaine and amphetamine use continue to increase at a substantial rate. Although these drugs have been endemic among "street users" for years, their use is increasing at an alarming rate among

other social strata. In Atlantic City, for instance, both cocaine and "speed" have assumed epidemic levels of use.

The data gathered on drug abuse problems are analyzed and appropriate responses have been developed. As two examples, we have made methaqualone a Schedule I Controlled Dangerous Substance in New Jersey, thus forbidding its sale through legitimate sources, and practically eliminating its abuse in our State. We are now in the process of rescheduling glutethimide as one of our responses to the epidemic in Northern New Jersey.

We have also applied our data to making changes in our treatment approaches. We have substantially shifted our treatment resources to improve the overall cost-effectiveness of the treatment system. I have brought several papers we have used in formulating policy, to give an idea of some of the data analysis we have done in New Jersey.

Drug abuse remains a very serious health problem in New Jersey, as well as a major social problem. There are 9 to 12 million drug related crimes committed each year in New Jersey. Excluding the cost of stolen goods, we estimate the costs in dollars for heroin abuse alone to be over $782,000,000 a year in our State. Without substantial improvements in resources to address the problem, we can only look forward to a continuously deteriorating situation.

National Data Systems

Two years ago, when it became apparent that NIDA was reducing its support of CODAP (the national client level data system), we had to decide our own future strategy in New Jersey. After considering all the options, we installed MINICODAP, a system designed for State use to be fully compatible with CODAP, thus fostering standardized data.

Our decision to maintain client oriented data was based on our past experience with the usefulness of CODAP. Using CODAP as one of our major data sources, we have developed methods to estimate the incidence and prevalence of drug abuse, and have used these and other data to allocate resources. Most recently CODAP has been the major source of information for the unfortunate but necessary task of reducing overall funding to drug treatment programs in New Jersey.

The same justifications we found for a uniform data system at a State level exist at the Federal level as well. CODAP has played an integral part in policy making within NIDA. For example, combined with data from DAWN, and other sources, it has enabled NIDA to identify and measure the extent of regional and local drug epidemics. This, in turn, has allowed relatively prompt responses at both the Federal and State levels.

Today, NIDA no longer has this capability. Only a few States have adopted MINICODAP. Others have developed their own, less sophisticated systems, and others have elected to stop client-oriented collecting data. The Federal government is left with a sharply reduced ability to answer even the simplest questions, such as how many drug abusers are receiving treatment.

A unified, national data system requires Federal coordination and financial support. Some States don't have the resources to implement and maintain their own systems. Without the ability to use the information, these States have little incentive to collect it. The States must be supported both in the collection of the data and in its use as a policy making tool.

The same situation exists with NDATUS. This annual, program-oriented system provides data on staffing and funding patterns, and a host of other treatment variables. Again, we in New Jersey have found this to be an important source of information, and again, at the Federal level, NDATUS provides the opportunity to measure responses to the problem at local, State and Federal levels. NDATUS tells us where resources are being allocated and how they are being used. With the future of NDATUS surveys in question, the ability of NIDA to obtain this timely information is substantially reduced.

The DAWN system collects data from a national sample of hospitals and medical examiners on drug related incidents. This system provides important information on the morbidity and mortality of drug abuse. But as it stands, it is not a representative sample. NIDA has developed a strategy for altering the sample to make it representative at a national level, thus improving tremendously its ability to provide usable information. There is now a serious question as to whether NIDA will have the resources to implement this important improvement to the system.

Without the Federal support of these systems, there is no assurance that data will be collected at all, let alone in a uniform and usable way. And without reliable and valid data, none of us will have the ability to measure the extent of the drug abuse problem and develop strategies to combat it. Because of this, we strongly urge that Congress support the re-institution of NIDA's leadership role in supporting these very important systems.

"Federal Strategy (F.S.) for Prevention of Drug Abuse and Drug Trafficking 1982"

F.S. 82 assumes and does not question the basic historical policy assumptions that divide drugs into those, such as alcohol and tobacco, legally usable by any adult; those legally usable only if prescribed by a physician; and those legally usable by no one.

Within this historical policy context, F.S. 82 is fundamentally similar to all previous strategies by continuing a model of simultaneously attempting to reduce the supply and demand for illegal drugs. Compared to previous federal strategies, however, 1982 signals a major shift in emphasis to international and domestic interdiction of illegal drug production and distribution, and away from demand reduction through prevention and treatment.

Because the federal strategy attempts to cover most major policy and program issues in the drug abuse field, I want to highlight for you what I consider to be its major weakness from the perspective of a State agency responsible for alcohol and drug abuse prevention and treatment.

This weakness is simply put--the abrupt reduction in the level of federal contribution to prevention and treatment programs, and a rhetorical assumption that the resulting financing shortfall will be assumed by State and local governments in cooperation with the private sector. The limitation of this approach is compounded, from my perspective, by an assumption that serious drug abuse, particularly heroin abuse, is decreasing--an assumption that is simply untrue in

the State of New Jersey and I believe in the Northeastern United States as a whole.

The federal strategy documents this financial shift in its own federal budget summary from FY 1980 to FY 1983, while total federal budget outlays for drug law enforcement increased 30% from $537 million to $695 million, budget outlays for drug abuse prevention and treatment decreased by 55% from $459 million to $206 million.

I can assure you that in New Jersey, no combination of new State or local taxes, increased insurance benefits, private sector contributions, or community self-help groups will fill this gap in the time period envisaged by the 1982 federal strategy.

While we in New Jersey support many of the very policy concepts and are indeed working hard to shift the financing structure in directions suggested by the federal strategy, our experience with the abrupt timing of this federal budget shift suggests not an orderly and reasonable change, but a simple abandonment by the federal government of the prevention and treatment field.

DEPARTMENT OF HEALTH
ALCOHOL, NARCOTIC AND DRUG ABUSE
RESEARCH AND EVALUATION UNIT

March 30, 1981

Criminal Offenses Committed by Heroin Addicts

Several independent studies (1, 2, 3) have highlighted the association between heroin addiction and criminal behavior. Each of these studies utilized addicts' self-reports of criminal behavior and arrests and, in one case, police arrest records.

There are two alarming similarities in the data presented in the studies:

- The large number of criminal offenses reported, and
- The small (less than 1%) of the crimes committed that result in an arrest.

The average number of crimes committed annually per addict ranged from 276 to 330. The average number of annual arrests per addict ranged from .70 to .80 indicating that only about 0.2% of the addicts' crimes result in an arrest.

The seriousness of the situation can be highlighted by applying these estimates of criminal behavior to the projected population of heroin users in New Jersey. In 1976, there were an estimated 40,000 heroin addicts in the State. This estimate decreased to 30,000 in 1978, but all indicators now point to an increase in prevalence to the previous high rates. Using a range of prevalence from 30,000 to 40,000 and taking the average number of crimes committed annually per addict across the first three studies (298) we can extrapolate an upper and lower bound on the number of crimes committed in the State by heroin addicts on an annual basis. This estimate ranges from 8.94 million (30,000 x 298) to 11.92 million (40,000 x 298) crimes in the State attributable to heroin addicts on an annual basis.

The majority of these crimes are not classified as violent crimes. In fact, based on available data (1) about 23% of the crimes would be designated by the FBI as index or serious crimes. However, the extent of crime itself, even if mostly victimless, is rather staggering.

A separate study (4) reported the number of "crime-days" per year, i.e., a 24 hour period when at least one crime was committed. The comparison was made between crime-days while on heroin and while off heroin (e.g., treatment, spontaneous remission). The average annual crime-days per active heroin user was 248.0, but there were only 40.8 crime-days per year during periods when opiates were not regularly used. This vast difference stresses

the point that a number of factors such as treatment availability, heroin price and purity, and other undetermined factors related to heroin use make distinct differences in criminal behavior. The cost of providing treatment would seem to be well worth the effort in terms of reducing criminal behavior, the concommitant strain on the criminal justice system, and the social costs of criminal activity.

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DRUG ABUSE TRENDS IN NEWARK

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June, 1983

Treatment Data

During 1982, there were 4,252 admissions to drug abuse treatment by Essex County (The Newark SMSA) residents. For the second year in a row there has been a decrease in admissions, as shown below:

Year	Admissions	Percent Change
1978	3,850	
1979	5,892	+53.0
1980	8,041	+36.5
1981	6,050	-24.8
1982	4,252	-29.7

Note: Counts will vary slightly in different tables due to missing data for one or more variables for a few cases.

Admissions peaked in 1980, then dropped by about one-fourth in 1981, with another, slightly larger drop from 1981 to 1982. The sharp declines in admisions are clearly linked to budget cuts and the imposition of fees-for-service from clients. In July, 1981 fees were imposed for admissions and clients in treatment in State operated clinics ($25 admission and $7 per week). Clients on public assistance of any kind were exempt from payment. In July, 1982 the fee schedule was doubled for non-exempt clients, and those on public assistance were requested to pay the original amounts. The effect of these fees plus reductions in the capacity of one major clinic is clearly demonstrated by the average monthly admissions:

Year	Admissions Monthly Averages
1978	321
1979	491
1980H1	700
1980H2	642
1981H1	548
1981H2	460
1982H1	464
1982H2	239

In the second half of 1981 admissions dropped 16.1 percent from the prior half. They then remained stable until the second half of 1982, when, with the new fee schedule, there was a decrease of 48.5 percent from the previous quarter.

In addition to the obvious relationship to number of admissions, the fee schedules have had a dramatic impact on the mix of clients admitted to treatment. Females accounted for 31 percent of admissions in 1980, 36 percent in 1981, 39.4 percent during 1982H1, and 34.0 percent in 1982H2. In particular, black females accounted for 26.3 percent 30.1 percent. 34.7 percent and 24.9 percent for 1980, 1981, 1982H1, and 1982H2, respectively. Before 1982H2, black male admissions had been proportionately (but not in actual numbers) decreasing from 51.6 percent to 48.3 percent, to 43.7 percent, to 39.8 percent in 1982H2.

As we reported before, there is no evidence that these and other patterns of change in admissions are in any way due to the characteristics of the drug abuser population. The most telling demonstration of the effect of fees is with black female admissions, which increased proportionately with the first fee schedule, then decreased with the second. Black females tend to receive public assistance more frequently than the other race/sex categories—thus with the first fee schedule, many were exempt. With the second fee schedule, those who had previously been exempt now had to pay, with a resulting sharp decline in admissions, both proportionate to other race/sex categories and in actual counts, as shown below:

Category	1982H1	1982H2	Percent Change
White Male	300	268	-10.7
Col %	(10.7)	(18.7)	
White Female	107	110	2.8
Col %	(3.8)	(7.7)	
Black Male	1,222	571	-53.3
Col %	(43.6)	(39.8)	
Black Female	972	357	-63.3
Col %	(34.7)	(24.9)	
Other Male	176	108	-38.6
Col %	(6.3)	(7.5)	
Other Female	28	22	-21.4
Col %	(1.0)	(1.5)	
Totals	2,805	1,436	-48.8

Not only did black female admissions drop from 34.7 percent to 24.9 percent of all admissions, but in the context of overall decreases, the actual number of black female admissions dropped from 972 to 357—roughly a two-thirds decrease.

At the same time, black males, who usually are not on public assistance, yet more frequently unemployed than white males, had a sharp decrease in admissions. This group, was faced with doubled fees starting July, 1982, and the effect was obvious. Admissions dropped by more than half.

Since 81.6 percent of all admissions for Essex County residents are for heroin abuse, it is important to closely examine this subgroup. Of the 3,467 admissions with heroin as a primary problem, the breakdown by race/sex is as follows:

Category	Total Adm	Heroin Adm	Heroin as % of Total
White Male	569	350	61.5
White Female	217	117	53.9
Black Male	1,794	1,533	85.5
Black Female	1,331	1,226	92.1
Other Male	284	201	70.7
Other Female	50	39	78.0
Total	4,245	3,466	81.6

More than nine out of each ten admissions for black females claim heroin as their major problem, compared to about half of white females. White males are also substantially below black males in the proportion with heroin as the primary drug.

Cocaine continues to play a major role as a drug of abuse for treatment admissions. Although only 4.0 percent of all admissions stated cocaine is their primary drug problem, an additional 32.6 percent named cocaine as their secondary drug problem. Thus 36.6 percent—more than one-third of all clients—name cocaine as either a primary or secondary problem. Of those who claimed cocaine as a secondary problem, 96.0 percent claimed heroin as their primary problem. This indicates that the treatment system is responding in major part to only one class of cocaine user, the heroin addict who uses cocaine with heroin—the "speedball" user.

In the face of overall declining admissions, the number of primary cocaine admissions rose from 142 in 1981 to 170 in 1982, an increase of 63.5 percent. Although 1982 primary cocaine admissions are only 4.0 percent of all admissions, when heroin is excluded, primary cocaine accounts for 21.7 percent of all other admissions—more than any other category except "other opiates," which acounts for 26.5 percent of all admisions excluding heroin.

Incidence of Heroin Abuse

The incidence of heroin abuse can be measured by estimating the distribution of "waiting time" from year of first use to year of first entry into treatment. Once this distribution is known, one can work backwards from actual admissions to estimate the number of new users each year in the past.

We have used a modification of a method originally developed by Leon Hunt (unpublished manuscript) which uses available treatment data to estimate the waiting time distribution. Our method assumes that:

(1) All addicts will (a) enter treatment (b) within a specified time period from time of first use.

(2) The distribution of time from first use of first treatment entry is constant for all user cohorts, i.e., no matter which year of first use, the distribution of first entry is constant.

(3) Any constraint on entry to treatment is equal for all user cohorts.

The first assumption, that all addicts will enter treatment, limits the estimation only to that addict population expected to enter treatment. Further, because of limitations of the data, a limited time period for eventual entry is forced, in our case to an 11 year period. That is, we are estimating the incidence of heroin abuse only for each user cohort which will enter treatment within 11 years from first use. The data used to derive our estimates are:

Year of 1st Use	Admission Year							
	1975	1976	1977	1978	1979	1980	1981	1982
1972	1,651	1,726	1,158	622	1,183	1,359	805	377
1973	150	179	141	65	104	108	76	28
1974	116	153	111	52	93	111	79	29
1975	34	108	127	57	82	134	91	32
1976		37	73	60	76	91	76	27
1977			8	37	81	91	56	24
1978				14	62	104	88	40
1979					35	85	102	60
1980						24	71	49
1981							26	44
1982								17
Totals	1,951	2,203	1,618	907	1,716	2,107	1,470	727

These data show two peaks of admissions, in 1976, and again in 1980. In 1981 and 1982, there are sharp reductions in admissions compared to 1980. The patterns is very similar to the 1977 and 1978 reductions after the 1976 peak. If we had no further information, we could assume that both "dips" were caused by the same phenomenon—decreased availability of heroin with resultant decreased use and fewer treatment admissions. And in fact, all the evidence points to this being the case in 1977-1978. However, our best evidence indicates that this is not at all true in 1982. Reductions in treatment capacity and the implementation of fee sharing (necessary to prevent further reductions in treatment capacity) have placed severe restructions on treatment entry. However, we can estimate what treatment admissions would have been without these restraints by applying our derived waiting time distribution to prior years—in essence, "predicting" 1982 admissions from 1981 and prior data.

The distribution of "lag" from first use to first admission is, in percents:

Year	Percent
1	3.2
2	9.8
3	13.5
4	12.7
5	11.4
6	11.2
7	9.9
8	8.7
9	7.6
10	6.1
11	5.7

The percents for the 11 year span sum to 100 (within rounding error), based on our assumption of a restricted time period to treatment entry. The distribution shows, for example, that during their first year of use (Year 1), 3.2 percent of all users will enter treatment. From that same user cohort, another 9.8 percent will be expected to enter treatment during the second year of use, etc.

To estimate incidence in 1982, we must rely on admissions from the 1982 user cohort--in our case, 17 admissions. Since these 17 individuals represent an estimated 3.2 percent of the 1982 cohort, simple division produces an estimate of 531 users who started in 1982. In the same way, having estimated the size of this cohort, we can project 1983 admissions by multiplying 531 times 9.8 percent—what we would expect for this (or any) cohort's second year admissions.

Working backwards, we can also "predict" 1982 admissions from prior data. The results of this estimation follow:

1982 First Admissions

User Cohort	Expected	Actual	% Difference
1972	733	377	51.4
1973	66	28	42.4
1974	71	29	40.8
1975	79	32	40.5
1976	73	27	37.0
1977	55	24	43.6
1978	72	40	55.6
1979	115	60	52.2
1980	99	49	49.5
1981	79	44	55.7
1982	(36)	17	(46.9)
Totals	1,478	727	49.2

Expected admissions are double actual admissions. More important, we can estimate 1982 user cohort admissions by averaging the percent differences between actual and expected for each prior year, and then assuming that the restraint on these cohorts is equal to that on the 1982 cohort. The average percent difference for all prior cohorts is 46.9 percent. Thus actual 1982 cohort admissions in 1982 are assumed to be only 46.9 percent of expected—which, by division, is 36 admissions.

Again, working backwards, since we expected 36 admissions, we can calculate the size of the 1982 user cohort by taking 36 admisions as 3.2 percent (Year 1) of the cohort, which turns out to be about 1,100 new users in 1982.

This method for estimating incidence is admittedly unreliable for more recent years—1982 incidence is estimated only from first year admissions in 1982. The major accomplishment of this analysis is to demonstrate the effect of exogeneous influences on treatment admissions. Further, when viewed in the light of the sharp reductions in admissions occuring concomitantly with reductions in treatment capacity and the implementation of fees, it allows the fairly strong conclusion that incidence and prevalence of heroin abuse in Newark have not diminished since 1980, but the ability of the treatment system to respond has been drastically reduced--as much as halved.

Other Indicators

Data on Hepatitis Type B and CDS arrests are presented below for the years 1973 to 1982:

Year	Hepatitis Type B	CDS Arrests
1982	204	5,622
1981	152	4,729
1980	113	4,187
1979	129	3,150
1978	111	3,468
1977	117	3,250
1976	134	3,287
1975	227	3,100
1974	171	3,776
1973	87	3,342

Increases in both hepatitis and arrests hint at increased prevalence of drug use in Newark. The arrest data yield other interesting information. Using the national uniform reporting classifications of the Federal Bureau of Investigation, opiate/cocaine arrests account for 34.8 percent of all CDS arrests—an increase of almost 6 percent over 1980 (1981 breakdowns were not available). Of all opiate/cocaine arrests, 43.1 percent were for sales/manufacture rather than mere possession of lesser amounts.

For the past five years, the proportion of juvenile arrests has been steadily decreasing. In 1977, juveniles accounted for 24.5 percent of all CDS arrests. By 1982, only 11.0 percent of arrests were juveniles. Even though total arrests in 1982

were substantially higher than 1981, only 601 juveniles were arrested in 1982, compared to 761 the year before. There is no other evidence to indicate the extent to which this trend reflects declining drug abuse among youth or changes in police practice. Several law enforcement officers have commented on what they see as a growing pattern of ignoring minor drug violations by youth. It is common to see juveniles smoking marijuana in the streets in many parts of Newark.

Morbidity/mortality data recently collected in Essex County indicate that "hits"--the combination of glutethimide and codeine--are very popular in Newark. Preliminary analysis of State Police laboratory data seem to confirm this, with hits roughly equally heroin submissions for the county excluding Newark (which has a separate laboratory).

Because cocaine abuse results directly in few drug treatment admissions and very little mortality or morbidity, it was somewhat of a surprise to find that cocaine submissions to the State Police Laboratory are about triple heroin submissions, with relatively few cocaine/heroin submissions combined. These "busts" do not paint a picture of the heroin addict who uses "speedballs." Rather, they show a multidrug user who is more likely, in addition to cocaine, to also possess marijuana or various pills rather than heroin. Further analysis will show if this patterns holds true in Newark proper.

1981 Heroin Abuse Treatment Admissions in New Jersey

New Jersey State Department of Health
Division of Narcotic and Drug Abuse Control
Research and Evaluation Unit

January 10, 1983

The National Institute on Drug Abuse (NIDA) has only recently released their 1981 Annual Data Report (Series E, Number 25), which contains two tables allowing us to compare the extent of the heroin problem in New Jersey to other areas of the country. Since heroin is the major focus of treatment efforts nationally, treatment admissions for this drug are a good indicator of the extent of the problem.

The first table reports the percents and counts of admissions to treatment for each state (and outlying areas) by primary drug of abuse. Rather than report all states, we have selected the five states with the largest total number of admissions. The table below lists in descending order:

State	Total Admissions	Percent Heroin	Heroin Admissions
California	38,439	46.5	17,874
New York	25,196	54.4	13,707
New Jersey	19,401	78.4	15,210
Pennsylvania	18,911	26.4	4,993
Maryland	11,514	42.4	4,882

There are two important findings from these data reported by NIDA:

- o New Jersey has the highest **percent** of heroin admissions of any state. (The District of Columbia, a depressed inner city, has a higher percent, but should not be compared to states.)

- o New Jersey has the second highest **number** of heroin admissions of any State. (These data are confounded by the fact that New York does not completely report to NIDA — if they did, we would be third in heroin admissions after California and New York.)

The other table lists data for 62 selected Standard Metropolitan Statistical Areas (SMSAs) in the nation. The highest ten SMSAs are listed below in descending order by percent of primary heroin admissions:

SMSA	Total Admissions	Percent Heroin	Heroin Admissions
Jersey City, NJ	778	85.6	666
Newark, NJ	9,729	84.0	8,172
Trenton, NJ	1,203	83.1	1,000
Paterson-Clifton Passaic, NJ	2,764	82.7	2,286
New Haven - West Haven, CT	954	71.6	683
New York, NY-NJ	19,609	67.9	13,315
San Francisco - Oakland, CA	8,788	60.8	5,343
Oxnard - Simi Valley Ventura, CA	1,347	65.1	877
Baltimore, MD	7,305	58.9	4,303
Detroit, MI	8,531	56.9	4,854

These data are compelling in their demonstration of the extent of the heroin problem in New Jersey. The only four New Jersey SMSAs contained in this table are the four highest in percent of heroin admissions in the nation. (Again, if New York fully reported, their percentage would be higher than shown here.)

There are some minor discrepencies between NIDA's report and our own data due to selection criteria for cases, but the results are comparable. It is important to note that our own analyses show similarly high percentages of heroin admissions for Middlesex, Union, and Camden counties.

It is clear from these data that we continue to have a severe heroin problem in the major urban areas in New Jersey, and that the need for adequate treatment facilities remains an important health issue.

SOCIAL COSTS OF DRUG ABUSE IN NEW JERSEY

Alcohol, Narcotic and Drug Abuse Unit
Research and Evaluation Unit

BACKGROUND

During the last decade, the federal government supported several studies of the social costs of drug abuse. Each study borrowed from and expanded on previous efforts. The data presented in this report are derived from Rufener, et al (1977) and Cruze, et al (1981). The latter study used the same data as the former, but with a different form of presentation.

These studies estimated costs for all forms of drug abuse, as well as specifically for heroin addiction. Since almost two-thirds of all social costs nationally for drug abuse are attributed to heroin addiction, it was decided to focus this report only on those costs. An additional issue which justifies this restriction is the lack of data to estimate the proportions of abusers of other drugs in New Jersey relative to national data.

In order to estimate New Jersey costs in 1982 based on national data using 1975 costs, three major correction factors were introduced, as described below.

Inflation. All costs were converted to 1982 dollars using changes in the Consumer Price Index. This represents an increase of 81.6% from 1975 to 1982.

Prevalence. Rufener's study presented three estimates of the number of addicts nationally in 1975, and calculated separate costs based on each estimate. In order to reduce the complexity of this report, only the middle estimate (500,000 addicts) is used. The number of addicts in New Jersey is estimated conservatively to be about 35,000. Therefore, all costs related to prevalence were converted to New Jersey values by taking seven percent (35,000 divided by 500,000) of the national costs assigned to heroin abuse.

Admissions. Where costs were based on treatment admissions, the percent of national admissions for heroin abuse accounted for by New Jersey was used, after correcting for underreporting by other states. Although New Jersey accounts for about 18% of all heroin admissions nationally as reported to the federal government, there are enough nonreported admissions nationally so that a reasonable estimate for New Jersey, taking non-reports of other states into account, is 13.8% of all national admissions.

In general, the estimates obtained for New Jersey are not completely reliable, since they represent conversions of national estimates, using only gross correction factors. In order to present reasonable findings, we err in the direction of conservatism where possible. For example, although we use an estimated 35,000 addicts in New Jersey, a careful analysis in 1976 indicated that there were 42,000 addicts in the State at that time.

Cost Analysis

The conceptual framework of the Cruze study divided cost elements into two major categories--Core Costs and Other Related Costs. Each category is further broken down into direct and indirect costs. The costs included in these categories are as follows:

Core Costs

A. Direct

1. Treatment

   Costs directly related to medical treatment, including drug treatment/rehabilitation.

2. Support

   Prevention, planning, training, research, education, etc.

B. Indirect

Foregone earnings related to abuse and treatment.

Other Related Costs

A. Direct

Costs to systems other than treatment, e.g. criminal justice.

B. Indirect

Foregone earnings related to criminality and incarceration.

Each of the above categories will be discussed in turn, with a brief explanation and the estimated cost for New Jersey. The reader is referred to the original national studies for the exact methods used to estimate each of the costs.

Core Costs

The cost elements presented in Table 1 represent direct core costs for heroin addiction. They are based on estimates of the proportion of costs in these categories which would not be incurred if heroin addiction did not exist. Thus, for instance, ER visit costs are estimated at $35 per visit (1975 dollars), using national data on the number of heroin related ER visits as reported by the Drug Abuse Warning Network. Data for New Jersey are estimated by taking seven percent of the national data and then converting to 1982 dollars.

Table 1

Direct Core Costs - 1982

($ in millions)

Cost Category	Costs
Treatment	(42.2)
ER Visits	0.2
Inpatient Care	9.1
Mental Hospital Inpatient Care	1.0
Physician Care	3.9
Drug Treatment/Rehabilitation	28.0
Support	(4.0)
Prevention, Planning, Training, Research, Education	4.0
TOTAL	46.2

The direct core costs in Table 1 represent the costs to society of providing direct treatment for heroin addiction as well as other associated medical costs. Prevention costs include a broad array of school and community based prevention activities. Other important support costs are training and research.

The costs for drug treatment/rehabilitation and support as presented in Table 1 are not calculated on the basis of converting data from the Cruze study. Sharp reductions in funding for drug abuse treatment and prevention required an estimation based on current expenditures--in both cases substantially lower than what would have been expected if funding had remained at the same levels as 1975, taking inflation into account. Had funding increased from 1975 to keep step with inflation, the total direct core costs would have been $148 million, rather than the $46.2 million estimated.

Table 2 shows indirect core costs, all of which express the foregone earnings of addicts directly due to their addiction. The category "Unemployability" includes only loss in income for those who are both available for employment and employable, but who are unemployed. These data were corrected to reflect the difference in employment for addicts compared to similar demographic groups. The assumption is made that this difference in the unemployment rate is due to the addiction, thus making it an indirect and very real cost of addiction. In 1975, the actual unemployment rate among addicts was 66.7%, compared to 11% for similar demographic groups.

Table 2

Indirect Core Costs - 1982

($ in millions)

Cost Category	Costs
Unemployability	315.1
ER Treatment	<0.1
Inpatient Treatment	0.6
Mental Hospitalization	0.2
Drug-Related Deaths	0.3
Absenteeism	20.5
Drug Treatment Costs	11.8
TOTAL	348.5

The other costs listed in Table 2 use the same logic. When an addict is in treatment, or even in an emergency room for several hours, there is a loss of potential earnings which should be represented as a social cost, since the productivity of the individual is lost to society for that time. Thus, in addition to the $46.2 million in resources expended in New Jersey for medical treatment and prevention, there is an additional $348.5 million in lost productivity.

Table 3 shows other related costs. The direct costs in this table represent mainly the costs of the criminal justice system in New Jersey related to crime committed by addicts. Housing stock loss was included in both national studies because prior work showed a large portion of such loss in urban areas to be the result of damage and destruction caused by addicts. The figures presented account for the proportion of such losses attributed to addicts.

Table 3

Other Related Costs - 1982

($ in millions)

Cost Category	Costs
Direct	155.5
Law Enforcement	99.2
Judicial System Use	19.2
Corrections	20.5
Drug Traffic Control	5.9
Housing Stock Loss	10.7
Indirect	232.3
Nondrug Crime	169.6
Incarceration	62.7
TOTAL	387.8

The indirect costs in Table 3 represent the foregone earnings of addicts while incarcerated, and the value of their time devoted to nondrug criminal activity. It is important to note here that the loss of property due to theft is not a social cost, since the property is merely transferred from one party to another.

Summary of Costs

The costs presented here are developed from national studies with appropriate corrections to reflect 1982 costs of heroin addiction in New Jersey. These costs, in millions of dollars, are:

Core Costs	
Direct	$ 46.2
Indirect	348.5
Other Related Costs	
Direct	155.5
Indirect	232.3
TOTAL	$782.5

Although these estimates are very rough, they provide an indication of the tremendous social costs associated with heroin addiction. The total annual costs of heroin addiction in New Jersey are estimated at over three-fourths of a billion dollars, with the major direct costs being born by the treatment and criminal justice systems, and the major indirect costs being lost productivity.

Benefits of Treatment

In general, the benefits of treating a heroin addict can be measured in terms of the reductions in costs that would have occurred had the drug abuser not been treated. These benefits can be classified (Rufener, et al, 1977) into direct and indirect benefits, where direct benefits reflect reductions in costs of medical treatment, law enforcement, judicial system, etc., and indirect benefits reflect reductions in drug-related unemployment, deaths, and other foregone earnings due to various aspects of an addict's life-style.

In the discussion of costs to society of drug abuse, cautions were advanced regarding the reliability of the data. Since the benefits presented in Table 4 are based on the previous cost data, those same cautions apply here. One other important note is that the benefits presented below are average instead of marginal benefits. The social costs of heroin addiction (Tables 1-3) are, for the most part, based on 35,000 heroin addicts in New Jersey in 1982. If treatment results in fewer persons abusing drugs, there would, obviously, be a reduction in social costs, but not necessarily by the average amount per addict. For example, if 20 addicts are treated and fewer require medical care, one cannot assume that medical treatment costs would be reduced by 20 times the average medical treatment cost per addict. A more accurate figure would be the marginal or incremental benefit, per treated addict. Through our previously discussed cost adjustments, however, we can present the best estimates available.

Single Year Benefits

The single year benefits presented in Table 4 are those resulting from one person-year of treatment, based on the estimate of 35,000 heroin addicts in New Jersey. The calculation of these figures are based on the methods in Rufener, et al (1977) and will not be presented here.

Table 4

Estimated Benefits from Treating One Heroin Addict
(1982 dollars)

	Single Year Benefits	Cumulative Five Year Benefits*
Direct Benefits	(4634)	(15578)
Reductions in Medical Treatment:	406	1365
Reductions in Law Enforcement:		
Drug Laws	383	1287
Nondrug Laws	940	3160
Reductions in Judicial System:		
Drug Laws	100	336
Nondrug Laws	173	582
Reductions in Corrections Cost:		
Drug Laws	91	306
Nondrug Laws	189	635
Reduction in Nondrug Crime:	2046	6878
Reduction in Housing Stock Loss:	306	1029
Indirect Benefits	(7317)	(24597)
Reduced Unemployment:	5711	19198
Reduced Work Lost to ER Visits:	-	-
Reduced Work Lost to Inpatient Hospitalization:	17	57
Reduced Work Lost to Mental Hospitalization:	6	20
Less Drug-Related Deaths:	9	30
Less Absenteeism:	586	1970
Reduced Work Lost to Incarceration:		
Drug Laws	486	1634
Nondrug Laws	502	1688
TOTAL	11951	40175

*Five year period assumes 12% annual relapse rate and a 10% annual discount rate.

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The total single year benefit is estimated to be $11,951 per treated heroin addict. Of this amount, the two largest, single benefits are related to employment. These are also the most conservative estimates of any benefits, as the 1975 figure for an average individual based on the age, race, and sex distribution of heroin abusers was used without any inflation adjustment. This figure ($8,896) was adjusted differently for the direct benefit of reduction in nondrug crime and the indirect benefit of reduced unemployment (see Rufener, et al, 1977 for details).

The benefits resulting from reduced criminal justice system efforts and reduced foregone earnings due to incarceration are apportioned between violations of drug and nondrug laws. The larger benefits resulting from the reduced nondrug law violations are simply a reflection of the fact that there is a larger number of nondrug law violations associated with heroin addiction than actual narcotic law violations.

Cumulative Benefits

Table 4 also contains the cumulative benefits of treatment over a five year period. These future benefits were discounted and measured to give present values (in 1982 dollars). Discounting is conceptually and mathematically the opposite of compounding. That is, the future benefits we receive must be "discounted" down to their present value in order to be compared with present costs. The annual discount rate used in our calculations was 10%. (Again, the calculations follow Rufener's methods and are not presented here.)

A second consideration in calculating future benefits is the relapse rate of the treated addict. As time goes on, there will be less successfully treated abusers that remain successful as some will relapse to drug abuse. A relapse rate of 12% was taken as the best available estimate, and it was also the median figure used in Rufener, et al.

The above two adjustments result in five year benefits--$40,175--which are less than would be found if the single year benefits were simply multiplied by five. When viewed in 1982 dollars, each succeeding year's benefits are diminished slightly more, as the discount and relapse rates grow.

Both sets of data in Table 4 give rough estimates of the benefits from treating one heroin addict in New Jersey. They cannot, on their own, be used in strict cost benefit analyses, but they do give an indication of the benefit - in terms of reducing social costs - of the treatment process. Put simply, by providing one year of drug abuse treatment successfully to one addict, the State accrues a five year benefit worth $40,175 today. Extending the time over which future benefits are measured would, of course, substantially increase the present value of these benefits.

References

Rufener, B., Rachal, J., and Cruze, A. Management Effectiveness Measures for Drug Abuse Treatment Programs, Volumes I - II, DHEW Pub. No. (ADM) 77-424, Rockville, Md., ADAMHA, 1977.

Cruze, A., Harwood, H., Kristrianson, P., Collins, J., and Jones, D. Economic Costs to Society of Alcohol and Drug Abuse and Mental Illness - 1977, Volume I. Rockville, Md., ADAMHA (Contract No. 283-79-0001), 1981.

RECOMMENDATIONS

1. The Demand Reduction side of the substance abuse issue needs a clear national direction; it suffers from a lack of national purpose, and a lack of visible leadership.

2. The National Institute on Drug Abuse, even though it no longer funds treatment and rehabilitation and other Demand Reduction efforts directly, should restructure its position to provide national leadership in the development of strategies and policies which individual states and other political subdivisions could use. The Demand Reduction side of substance abuse activities at the state level currently flounders in a vacuum and can only get worse if national leadership in policy development is not forthcoming.

3. The Executive and Legislative Branches of the federal government should rely more heavily on the tremendous wealth of knowledge and expertise available at the State level. Currently, this hugh body of knowledge is an untapped resource in the development of national policy and strategy.

4. The Federal Strategy should reflect equal emphasis in the Demand Reduction side as the 1982 strategy does on the Supply Demand side.

5. A national data retrieval system capable of collecting data in a uniform, usable manner.

6. Increased federal appropriations for treatment and rehabilitation Demand Reduction activities proportionate to the increases in the current Supply Reduction national effort.

7. Increased federal appropriations for prevention/ intervention activities not at the expense of treatment or other Demand Reduction activities.

PREPARED STATEMENT

OF

JOHN S. GUSTAFSON

DEPUTY DIRECTOR, GOVERNMENT AND COMMUNITY RELATIONS

NEW YORK STATE DIVISION OF SUBSTANCE ABUSE

SERVICES

TESTIMONY BEFORE THE HOUSE SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL

June 20, 1983

I am John S. Gustafson, Deputy Director of the New York State Division of Substance Abuse Services. I am here on behalf of Mr. Julio Martinez, Director of the Division.

Although I will focus my comments on the impact of recent Federal actions on the substance abuse treatment/prevention system in New York State, I would like to begin with some comments on the issues you covered in the morning session -- drug trafficking and law enforcement strategies.

By its own admission, the Reagan Administration's "War on Drugs" was a draw in 1982. They report no decline in the overall availability and consumption of illegal drugs, increased quantities of heroin and cocaine which were purer and cheaper than in past years and stable marijuana prices. The illegal drug trade is running rampant in New York State due to the Administration's failure to operate its most well-articulated portions of the 1982 Federal Strategy -- that is, the supply reduction aspects. Examples of the shortfalls of this strategy include:

-- failure to establish an effective anti-narcotics task force in New York, a major port of entry for illegal drugs;

-- lack of coordination of drug enforcement policies and failure to delineate clear lines of authority for overseeing the Federal effort; and

-- the President's pocket veto of the Violent Crime and Drug Enforcement Improvement Act of 1982.

In short, the Administration has spent a great deal of time developing strategies that are ineffective and only serve to fuel the jurisdictional disputes that have characterized the drug enforcement effort for years.

Problem-solving the issue of supply reduction is only half of the equation. I would now like to address the other half -- demand reduction.

New York State has the most severe drug problem in the nation. We estimate that more than three million persons (3,289,600 -- 22% of the population) are recent substance abusers. Of these recent users, more than one million (1,415,000 -- 10% of the population) are regular users of narcotic and non-narcotic drugs. More than three-quarters of a million (793,600 -- more than 5% of the population) of the regular users are heavy substance abusers. We project the number of non-narcotic users will increase 20% by 1986, while the number of narcotic abusers will increase 10%.

Over the past five years, we in New York have been facing the greatest influx of heroin since the late 1960's and the uncontrollable spread of cocaine sales and use. This significant increase in heroin activity became apparent in 1979 when a new supply of high quality heroin from Southwest Asia became available. DEA estimates that about 8,800 pounds of heroin are smuggled into the United States annually. Of this amount, one-half enters through Kennedy Airport or New York City's waterfront. As a result, the number of narcotic abusers in the State in early 1982 (241,500) exceeds the figure reported just prior to the 1979 heroin influx (213,900) by 13%. This figure represents one-third to one-half of all narcotic abusers in the United States. Other indicaters show increased heroin related emergency room episodes, up 107% since 1979, heroin/cocaine-related felony arrests up 85%, misdemeanor arrests up 124% since 1980, and increased admissions to treatment programs or requests for treatment services. Currently, heroin admissions account for 72% of all admissions to treatment programs in New York City. Unfortunately, we estimate that we are only able to treat 15% of the narcotic abusers in need of services. Much more is obviously needed.

With regard to cocaine, the problem is running rampant nationwide and particularly in New York State. DEA estimates 48 tons of cocaine were smuggled into the U.S. in 1982, an increase of 8 tons over 1981. A 1981 Household Survey, conducted by the Division, shows that the number of household residents utilizing cocaine and stimulants has tripled since 1976. In the past five years there has been a 300% increase in the number of persons entering or seeking treatment for cocaine abuse. Also, the number of cocaine emergency room episodes has gone from a ranking below 50th in 1973 to the sixth most frequently observed type of incident in 1981. Cocaine is truly the new drug of abuse, and without a reduction in supply and financial help for treatment we can only expect the problem to worsen.

As drug activity has been increasing during the past several years, the Federal response has been to reduce funds and other support. In fact, the Federal share of fiscal support for drug treatment/prevention has always been very small in comparison to the New York State share. For example, in our agency, with a total operating budget of about $160 million, less than $20 million is received in Block Grant funds. Consequently, the more the Federal government fails to meet its responsibilities, the more victims there are to be dealt with at the state and local levels.

Over the last several years, Federal financial participation began declining with the elimination of formula grants and certain other categorical programs. The most devastating change in Federal participation was the creation of the Alcohol, Drug Abuse, Mental Health Block Grant. In FFY 1982, the Division received $19.1 million in Federal funding, a 32% decrease over FFY 1981. A slight increase was received in the current year, primarily due to passage of the Emergency Jobs Appropriation Act.

During the first two years of the block grant program, we have been able to reduce the impact on our treatment/prevention system by utilizing funds remaining from previous years' categorical programs, increasing third-party revenue and implementing administrative cost containment policies. We have been forced to cut program funds for certain ancillary services and, in several instances, reduced treatment capacities. Despite our efforts to maintain an effective level of services, we now have a system that is operating at or above 100% capacity and have extensive waiting lists. In fact, this situation has existed since 1980, ironically coinciding with the initiation of Federal budget reductions.

In contrast, Dr. William Mayer, Administrator of the Alcohol, Drug Abuse and Mental Health Administration, recently testified before the House Appropriations Subcommittee on Labor, HHS and Education that he had not received any statements which show a significant negative impact on alcohol, drug abuse or mental health clients due to block grant initiatives. This is certainly not so in the tri-state area, and Dr. Mayer should be fully aware of this fact. The National Association of State Alcohol and Drug Abuse Directors (NASADAD) has conducted a "Survey of State Resources and Needs Related to Alcohol and Drug Services" which shows several states have incurred cutbacks in client services due to the block grant program. As a member of this organization, I would be pleased to provide you with a copy of this study, should this be helpful.

Reductions in support for drug abuse treatment are particularly shortsighted considering the cost-effectiveness of such services.

In New York State, the average annual cost to government in direct welfare payment and lost taxes for a single, unemployed male substance abuser is over $7,000. Furthermore, the cost of crime committed by an active heroin abuser not in treatment is estimated at over $26,000 per year. For those drug-involved offenders that are apprehended, law enforcement costs in the State average $3,200 per arrest, including police, judicial and legal costs. And should the arrestee be incarcerated, the costs per inmate average about $19,000 per year.

Substance abuse treatment offers an alternative that is considerably less costly to society and offers the opportunity for rehabilitation. The average cost of treating a heroin addict is only $2,840 per client annually. Prevention services cost even less per person reached.

In addition to the financial cutbacks, states have in fact been burdened with increased administrative responsibilities as a result of the block grants. This is contrary to the long-promised regulatory relief that was to take effect with the creation of the block grant program. In New York, for example, several studies on block grant implementation have recently been conducted by the Federal agencies such as GAO and the Department of Health and Human Services. Most of these surveys have been poorly designed, duplicative, have minimal utility to the States, and illustrate little in terms of the true impact of the block grant.

Finally, in response to what the Reagan Administration calls "the most dangerous problem facing our country", the Federal government has initiated an all-out volunteer prevention effort. While volunteerism is an important component of any overall prevention program, there are two major problems with this part of the Strategy: (1) Just like the Administration's enforcement policy, the prevention strategy is a loosely coordinated effort involving several Federal agencies; and (2) It doesn't provide assistance to states, like New York, which have been operating similar programs for several years.

For example, in October of 1980, we in New York convened a statewide group of representatives from the private sector to analyze the heroin problem in the State and make recommendations on how the private sector can be involved in drug abuse prevention. In 1981, we expanded the membership of the group, which was named the Citizens Alliance to Prevent Drug Abuse (CAPDA) to reflect a broadened role in the prevention area. In March 1982, with the assistance of CAPDA, the Division initiated a statewide media campaign entitled "Open Your Eyes". The campaign consists of PSA's, posters, brochures and other printed materials and contain a toll-free number that individuals can call for additional information and assistance. For almost three years, we have been providing technical assistance to interested parent or community groups in developing effective strategies. To date we are working with over 100 groups. With the assistance of CAPDA members, we are also working hard to access private sector support for these activities.

While the Federal Strategy, then, makes much of a new "comprehensive, long-term campaign" to prevent drug abuse through parent and community involvement, this is nothing new. Furthermore, this Federal campaign has, thus far, provided no assistance to our own efforts in New York. Neither has the Administration attempted to coordinate efforts with state and local prevention efforts already in-place.

To summarize, we are doing our best to deal with the severe impact of Federal budget reductions and the Federal government's inability to reduce the amount of illegal drugs entering our country. I am not here only to criticize the Federal effort, but to offer what we consider viable recommendations for Congress and the Administration. These are:

1. At a minimum, the $469 million appropriation for the ADM Block Grant should be maintained in FFY 1984. The Administration has suggested reducing the award by the amount of money not expended from the $30 million appropriated in the Emergency Jobs Act. If this is done, it will only worsen an already critical situation. In fact, we would urge increased appropriations up to the level authorized for FFY 1984 -- $532 million.
2. A Cabinet-level drug policy coordinator position, with the responsibility and authority to oversee all activities conducted by Federal drug enforcement and treatment agencies, should be created. The Administration's response to the drug abuse problem has been a series of single initiatives, indirectly coordinated by two Cabinet Councils, with a disproportionate focus on enforcement. This policy fails to recognize that as supply reduction efforts are put in place, the demand for treatment services is increased. Drug treatment/prevention and enforcement must work hand in hand. Stopping the flow of illicit drugs must be combined with consumer

reduction. Therefore, we must have a coordinator position to ensure the implementation of a clear, coherent and consistent supply and demand reduction program.

3. Criminal penalties for drug trafficking, with particular emphasis on strengthening civil and criminal asset forfeiture laws, should be increased. The money derived from these laws, which is certain to be in the millions, should not only be used to bolster enforcement efforts, but also to increase Federal support to states for treatment and prevention. In New York State, we have several asset forfeiture bills pending in the legislature that would provide additional, needed funding for treatment services.
4. We also urge reauthorization of two agencies that have provided critical funding for criminal justice projects -- the Office of Justice Assistance -- and for youth projects -- the Office of Juvenile Justice and Delinquency Prevention. This, too, was part of the anti-crime package vetoed by the President last session. We support the re-introduction and passage of such legislation.

I would like to thank you for this opportunity to testify before the Committee and will be glad to answer any questions you may have.

STATE OF CONNECTICUT

CONNECTICUT ALCOHOL AND DRUG ABUSE COMMISSION

TESTIMONY

BEFORE

U.S. HOUSE OF REPRESENTATIVES

SELECT COMMITTEE

NARCOTICS ABUSE AND CONTROL

JUNE 20, 1983

NEW YORK CITY

BY

JOSEPH P. SHEEHAN
DEPUTY DIRECTOR
CONNECTICUT ALCOHOL AND DRUG ABUSE COMMISSION

REPRESENTING

DONALD J. MCCONNELL
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CONNECTICUT ALCOHOL AND DRUG ABUSE COMMISSION

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The Commission is an independent agency attached to the Department of Mental Health for administrative purposes only. An Equal Opportunity/Affirmative Action Employer

AGENCY PROFILE

The Connecticut Alcohol and Drug Abuse Commission (CADAC) is composed of twenty-two (22) members. Eight (8) members are Commissioners or Directors of state agencies. Fourteen (14) members are appointees of the Governor and the leadership in the State Legislature. There are currently fifty-six (56) staff to the Commission.

CADAC plans, funds and evaluates a statewide system of community-based alcohol and drug services. These services range from prevention activities through intervention programs to the continuum of treatment care that begins with inpatient programs and continues through outpatient and follow-up activities.

The actual budget for FY'83 is $11,747,020. The proposed budget for FY'84 is $12,041,805.

I. Statement of Problem

The Hartford Office of the U.S. Drug Enforcement Administration reports that heroin trafficking continues on a level consistent with levels of the past few years. Heroin available in Connecticut is white heroin, primarily of Southwest Asian origin (from Iran, Pakistan or Afghanistan). Some of the heroin seized by law enforcement agencies is white heroin of Southeast Asian origin. There are a few reports of seizures of brown Mexican heroin. Cities close to New York (i.e., Bridgeport, Stamford) have shown the greatest evidence of heroin trafficking. The Statewide Narcotics Task Force notes that New York City is the major source of supply for Connecticut traffickers. Trafficking is also evident in New Haven but at a less intense level than previously.

Street purity of heroin in Southwestern Connecticut (i.e., Stamford, Bridgeport) is about 6-7%. Heroin purity in other parts of the state is about 3-5%. Data from the CADAC Information System (the Client Information Collection System) shows that total heroin admissions to community-based drug treatment programs in FY'82 (3,887) remained almost even with the previous fiscal year (3,961). (See Table 2). Total heroin admissions in FY'82 constituted 63.4% of statewide admissions to community-based drug treatment programs (See Table 3). Currently the waiting list for Methadone programs in Connecticut totals 150-190.

The Hartford Office of the U.S. Drug Enforcement Administration reports a significant increase in cocaine trafficking over the past year. Currently large-scale wholesale cocaine trafficking is occurring in the state. The Drug Enforcement Administration has made several multi-pound seizures in the past year. The Drug Enforcement Administration reports that 90% of the cocaine coming into Connecticut originates in Columbia. The DEA also notes that current production of cocaine and stockpiles in Latin American nations assure quantities to supply the United States and world markets for years to come.[1]

The Statewide Narcotics Task Force also reports large-scale cocaine trafficking throughout the state, with the average street purity at 15-17% and the average price at $100 per gram bag. Although the Task Force has been successful in eliminating major suppliers of cocaine in Connecticut, the increase in cocaine's popularity and the large market have resulted in the establishment of new distribution systems.[2]

Data from the Statewide Narcotics Annual Reports show that the street value of cocaine seized by the Task Force increased sharply from $108,400 in FY'81 to $1,425,200 in FY'82. (See Table 1).

Major Task Force seizures in the past two months include:

Amount	Location
1/4 lb.	New Haven
6 oz.	New Haven
5 grams	Middlefield
5 pounds	Stamford

The Task Force notes that cocaine users include all age groups, from older adults to young people. However, use is concentrated among young adults (especially executives) in the 23-35 age bracket.

The Drug Enforcement Administration and the Statewide Narcotics Task Force have provided additional observations on the cocaine situation. The Hartford Office of the Drug Enforcement Administration sees the cocaine situation as steadily worsening, with larger and larger quantities being trafficked. In response to this, the DEA has placed more priority on cocaine. The Task Force notes that cocaine free-basing is seen ocasionally in the state. Cocaine used in free-basing is more costly for the user as it must be purified by burning off the impurities.

Data from the CADAC Client Information Collection System (CICS) shows that total cocaine admissions to community-based drug treatment programs increased by 12.4% from 370 in FY'81 to 416 in FY'82. (See Table 2). In FY'82 cocaine admissions at 416 constituted 6.8% of total admissions to community-based drug treatment programs. (See Table 3). A majority of cocaine admissions to drug treatment programs (68.5%) are in the 21 to 35 age bracket.

The Statewide Narcotics Task Force reports that marijuana is widely available in Connecticut and that marijuana usage is approaching "epidemic proportions."[3]

Currently the DEA reports widespread marijuana smuggling along the New England Coast, both by aircraft and ships. Marijuana originates both in the Caribbean (i.e., Columbia and Jamaica) and in the United States.

Marijuana now available in Connecticut is of a considerably higher potency than the marijuana available 10 years ago. During the past few years hybrid marijuana (Sinsemilla) has become more available in Connecticut. This type of marijuana plant is sometimes grown in homemade laboratories and is four or five times more potent than the marijuana seen a decade ago. Recently the Task Force seized some hybrid marijuana in Eastern Connecticut. This type of marijuana, however, constitutes only a small proportion of the marijuana available in the state.

Data from the CADAC Client Information Collection System (CICS) shows that marijuana/hashish admissions to community-based drug treatment programs decreased by 19.7% from 936 in FY'81 to 752 in FY'82. (See Table 2). This was due in part to funding cuts and the closing of a large program oriented to youthful drug abusers. CICS data show that in FY'82 marijuana/hashish admissions at 752 constituted 12.3% of total admissions to community-based drug treatment programs. (See Table 3).

The Uniform Crime Reports Office of the Connecticut State Police reports that arrests by local police departments and the State Police increased by 4.9%, from 6,145 in calendar year 1980 to 6,446 in calendar year 1981. (See Tables 4 and 5). The most sizeable increases were noted in Southwestern Connecticut and the Hartford area.

[1]
[2]Drug Enforcement, U. S. Department of Justice, DEA, Fall, 1982
[3]Statewide Narcotics Task Force Annual Report, 1982, p. 8
Statewide Narcotics Task Force Annual Report, 1982, p. 11

TABLE 1

DRUG SEIZURES BY THE STATEWIDE NARCOTICS TASK FORCE*

Fiscal Year 1981 - Fiscal Year 1982

	Quantity		Street Value	
Drug	1981	1982	1981	1982
Amphetamines	620 units	1,190 units	$ 1,240.	$ 2,380.
Barbiturates	50 units	2,360 units	100.	4,720.
Cocaine	10,840 street bags	142,520 bags	108,400.	1,425,200.
Hashish	1,329 grams	1,420 grams	6,645.	7,100.
Heroin	23,090 street bags	170 bags	230,900.	1,700.
Marijuana	154 pounds	370 pounds	61,600.	148,000.
Quaaludes	1,000 units	1,820 units	3,150.	5,460.
Hallucinogenic Mushrooms	-----	15 pounds	-----	3,000.
Total Street Value			$412,035.	$1,597,560.

* / "Statewide Narcotics Task Force Annual Report," 1981 & 1982.

Prepared by Connecticut Alcohol & Drug Abuse Commission

TABLE 2

Total Admissions to Community-Based Drug Treatment Programs by Primary Drug Type FY 1981 - 1982*

Primary Drug Type	FY 1981	FY 1982	Percent Change 1981-1982
Heroin	3,961	3,887	-1.9%
Non-Rx Methadone	56	53	-5.4%
Other Opiates & Synthetics	309	267	-13.6%
Alcohol	262	273	+4.2%
Barbiturates	157	101	-35.7%
Other Sedatives or Hypnotics	53	39	-26.4%
Amphetamines	208	114	-45.2%
Cocaine	370	416	+12.4%
Marijuana/Hashish	936	752	-19.7%
Hallucinogens	106	75	-29.2%
Inhalants	17	10	-41.2%
Over-the-Counter	1	1	0.0%
Tranquilizers	127	133	+4.7%
PCP	20	9	-55.0%
Other Drugs	13	0	-100.0%
Total Admissions	6,596	6,130	-7.1%

*Source - Client Information Collection System (CICS)
Fiscal Year 1982 runs from July 1, 1981 to June 30, 1982

Prepared by Connecticut Alcohol and Drug Abuse Commission - Planning & Development Division 5/83.

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TABLE 3

Total Admissions to Community-Based Drug Treatment Programs by Primary Drug Type FY 1981 - 1982*

Primary Drug Type	Total	Percent of Total
Heroin	3,887	63.4%
Non-Rx Methadone	53	0.9%
Other Opiates & Synthetics	267	4.4%
Alcohol	273	4.5%
Barbiturates	101	1.6%
Other Sedatives or Hypnotics	39	0.6%
Amphetamines	114	1.9%
Cocaine	416	6.8%
Marijuana/Hashish	752	12.3%
Hallucinogens	75	1.2%
Inhalants	10	0.2%
Over-the Counter	1	0.0%**
Tranquilizers	133	2.1%
PCP	9	0.1%
Total Admissions	6,130	100.%

*Source - Client Information Collection System (CICS) Fiscal Year 1982 runs from July 1, 1981 to June 30, 1982

** less than 0.05%

Prepared by Connecticut Alcohol and Drug Abuse Commission - Planning & Development Division 5/83.

TABLE 4

1980

ARREST DATA - NARCOTICS
HSA Region

Region	# Arrests	Age			Sex		Race*		
		Under 16	16 & 17	18 & Over	Male	Female	W	B	Other
I	1524	150	195	1179	1333	191	1091	430	3
II	1273	134	194	945	1109	164	1048	224	1
III	543	30	72	441	490	53	464	79	-
IV	1800	212	256	1332	1590	210	1400	400	-
V	659	61	78	520	569	90	569	90	-
State Police	346	27	34	285	292	54	294	42	10
TOTAL STATE OF CT.	6145	614	829	4702	5383	762	4866	1265	14

TABLE 5

1981

ARREST DATA - NARCOTICS
HSA Region

Region	# Arrests	Age			Sex		Race+		
		Under 16	16 & 17	18 & Over	Male	Female	W	B	Other
I	1719	132	178	1409	1479	240	1189	527	3
II	1364	82	130	1152	1207	157	999	362	3
III	560	38	56	466	479	81	520	39	1
IV	2050	224	235	1591	1778	272	1555	492	3
V	565	34	75	456	507	58	481	78	6
State Police	188	15	23	150	162	26	170	18	-
TOTAL STATE OF CT.	6446	525	697	5224	5612	834	4914	1516	16

+ "Other" - denotes Indians and Asians

*Hispanics are included under both white and black.

II. Response to Problem

In response to the drug abuse problem CADAC allocates 50% of its community grants funds to prevention, intervention and treatment efforts. The "Continuum of Care Model" has been used as the framework for addressing specific aspects of the problem. The model recognizes three principal approaches in addressing the varying degrees of need. They are prevention, intervention and treatment.

Prevention

The mission of prevention is to reduce the probability that individuals at some future date will need care for drug abuse. A secondary benefit derived through prevention is identification of individuals in need of remedial care.

Grant funding has been provided to community organizations for prevention programs whose target population are students, teachers and/or special populations. Teachers are prepared to carry out alcohol education on all grade levels in both affective and cognitive dimensions. Students, in turn, are taught factual information about alcohol and drugs. There is, however, a special emphasis on the development of such basic life skills as conflict resolution, decision-making, dealing with peer pressure, etc.

There are special prevention efforts that range from programs geared to pre-school children and their parents to programs addressing the needs of the elderly. In all prevention programs a special emphasis is given to the obvious influence of parents and significant others. Consequently, there is a strong encouragement to increase the participation of both parents and significant others in prevention programs.

Within the past few years there has developed a number of parent groups and parent efforts directly related to combating drug abuse in Connecticut.

One of the immediate effects of these programs is the identification of individuals or families who are already experiencing dysfunctions from alcohol/drug abuse. Peer counseling techniques as well as professional interventions are used.

Although the existing programs are in place throughout Connecticut and also involve all age and racial groups, there is certainly a need to expand the effort. The expansion would include both an extension of what is currently in place as well as a particular focus on more vulnerable populations; i.e., children of substance abusing parents. There is a longitudinal dimension to prevention efforts that preclude an immediate assessment of the program's impact. A commitment to this long range view requires the financial resources for both the short and the long term needs of the population.

Intervention

The mission of intervention in relation to health status needs of the general population is to identify those individuals in need of remedial health care and to facilitate provision of appropriate levels of care.

Connecticut has experienced a fairly rapid growth in the area of intervention. The development and expansion of Employee Assistant Programs (EAP) is a special example of an intervention program. The EAP identifies, motivates and refers to treatment individuals whose personal problems interfere with their job performance. Drug abuse is certainly one such personal problem. The State of Connecticut began an EAP for all state employees in 1974. At that time there were about 25 organizations with such a program. In 1983 there are more than 125 such organizations.

One of the special challenges in the EAP arena is to locate treatment facilities that are prepared to treat an employed person with a drug abuse problem in a time frame that will not seriously disrupt the work schedule. Traditionally, residential drug treatment programs have been of much longer duration than alcohol residential programs.

Another area of major intervention is being explored, the identification of persons driving under the influence, not only of alcohol,but also under the influence of other drugs. At this time, Connecticut has implemented a successful Pretrial Alcohol Education System (PAES). In the course of its implementation individuals have been identified who have problems with drugs other than alcohol. It remains to refine this system so that all individuals with drug abuse problems of any kind can be identified and referred to the appropriate resources.

Treatment

The mission of treatment is the provision of remedial care services appropriate to the needs of the individual. There is a range of treatment services in Connecticut that includes detoxification, residential care and outpatient drug free as well as outpatient methadone maintenance programs.

There are several themes echoed by the service providers throughout the state. Polydrug addiction continues to grow. For some time it has been rare to treat a client using and abusing only one drug. There is no noted decrease in the use of marijuana. The experience of treatment agencies is that there is a definite increase in cocaine. The case load in clinics has increased dramatically.

The heroin problem has not eased and has, in fact, increased.

A major issue in Connecticut is the waiting list of individuals who want to participate in the Methadone Maintenance Program. Currently 159-190 persons are waiting from one month to two years to enter the program. CADAC has convened a task force to address this problem. The southeastern part of Connecticut has only a satellite program that is open five days a week. There is a well documented need for a standard seven-day maintenance program in that area. Resources necessary for this program and the expansion of others are not available.

During this past year community organizations held planning meetings in five regions throughout Connecticut. CADAC staff participated in these meetings. Among the top needs discussed was the need for more drug detoxification beds. These beds would be used primarily for detoxification from heroin and barbiturates.

The area hospitals lack beds and also require third party payment.

A noted state expert shared his perception that there is a mild upsurge in the high schools in the use of LSD. It seems the lessons of the Seventies have been lost on the current generation. There is, however, a decrease in the use of PCP.

To meet some of these needs more funds are necessary. Since December, 1982 the programs are also waiting for the experimental restrictions to be removed by the Food and Drug Administration from naltrexone. The increase of quality heroin certainly requires more treatment resources but also the international and national law enforcement activities mentioned in the "Federal Strategy for Prevention of Drug Abuse and Drug Trafficking."

III. Alcohol and Drug Abuse and Mental Health (ADM) Block Grant

The ADM block grant mechanism began on October 1, 1981. There have been many implications for our state.

In our experience there have been fewer requirements from the Federal Government in the administration of this grant. This, of course, is a favorable aspect of the grant. There is, however, the ongoing responsibility to plan, allocate and administer the grant according to specific state needs. The staffing and administration requirements, therefore, have not changed with the advent of this grant.

There has been a definite financial impact on the state. In its first year the grant represented a 28% reduction from previous funding levels. This resulted in a million dollar reduction in grant allocations to community programs and a reduction in CADAC staff. The forward funding mechanism of the grant allowed for status quo funding for remaining grantees through FY'84. In FY'85 Connecticut will suffer a loss of approximately 1.6 million dollars. This will have a severe impact on the alcohol and drug field.

The status quo budget for FY'83 and FY'84 has not allowed for needed program expansion to meet increasing demands for service. The federal expectation that the state would increase its portion of the alcohol/drug budget has not been realized in Connecticut. In fact, the proposed budget for FY'84 is less than anticipated even six weeks ago. The recession and other factors have not increased monies in the drug field. The recession has, however, increased the demand for services.

The alcohol and drug field requires federal money to survive and certainly needs more money to grow. This is especially true when state governments are themselves experiencing their own fiscal problem. The impetus for increased national awareness and funding for alcohol and drug services has, in fact, come from the federal level. This same impetus is needed today as much as ever.

Commentary On IV. 1982 Strategy for Prevention of Drug Abuse and Drug Trafficking

The Connecticut Alcohol and Drug Abuse Commission supports the Federal Government's efforts in the area of supply and demand reduction. In the area of enforcement, the administration's Florida Task Force has made a strong effort to reduce the intense drug trafficking between the Caribbean nations and South Florida. At the same time reports from the Hartford Office of the U.S. Drug Enforcement Administration and the Connecticut Statewide Narcotics Task Force indicate an increase in drug smuggling (particularly marijuana) along the New England Coast both by aircraft and ships.

In the area of prevention, the Connecticut Alcohol and Drug Abuse Commission has intensified and expanded its efforts. In the area of treatment, federal funding cutbacks under the block grant mechanism have decreased the scope and number of services available. There has been no compensating expansion of private sector support for substance abuse services, which is what the 1982 Federal strategy calls for. In order for large-scale treatment services to continue as part of an overall demand reduction program, adequate federal resources must be provided. Perhaps some of the additional resources put into law enforcement campaigns could be utilized in the area of treatment. Some of the resources targeted for law enforcement could also be redirected into the critical area of prevention. This would help to meet the federal strategy's goal of reducing the use of drugs by young people.

In the area of research, federal efforts should be adequately funded and targeted on projects which have utility and applicability on the state and the local levels. The 1982 strategy calls for continuing federal support of epidemiological research on drug abuse patterns and suggests the establishment of a state/local epidemiological network. The Federal Government should provide adequate resources and technical assistance to implement such epidemiological research. A state/local epidemiological network would almost certainly require extensive federal support and technical assistance at its inception. Epidemiological research should include public health statistics approaches which can be extrapolated to the state or local level. Treatment and prevention research should include the development of new treatment and prevention models or approaches which can be used by the state. A good example of this is the Tri-State Ethnographic Project involving Connecticut, New York and New Jersey and funded by NIDA. This project,recently completed, developed new treatment approaches and methodologies for methadone programs in the Tri-State area.

SUMMARY

*There is a major increase in the use of cocaine. The Statewide Narcotics Task Force also reports that marijuana is widely available and of greater potency.

*Heroin use and trafficking continues at a high level. There are between 150-190 individuals waiting to participate in methadone maintenance programs. The wait extends from two months to two years.

*The forward funding mechanism of the ADM block grant allowed for status quo funding for three years. In FY'85, however, there will be a $1.6 million decrease in funds.

*The decrease in funds coincides with an increased demand for services.

*The ADM block grant is an acceptable funding method. The accompanying decrease in funds has a severe, negative impact.

*There is a need for increased funds to support existing demand reduction strategies on both the federal and state level.

TESTIMONY OF
RICHARD PRUSS,
PRESIDENT,

THERAPEUTIC COMMUNITIES OF AMERICA
AND
PRESIDENT,
SAMARITAN VILLAGE, INC.

IN HIS INVITATION TO WITNESSES FOR THIS HEARING, CHAIRMAN RANGEL, NOTING SOME RECENT FEDERAL SURVEYS SUGGESTING THAT DRUG ABUSE IN AMERICA WAS LEVELLING OFF, OBSERVED THOUGHTFULLY THAT "THESE TRENDS ARE DIFFICULT TO RECONCILE WITH THE VAST QUANTITIES OF ILLICIT SUBSTANCES ESTIMATED TO BE AVAILABLE ON THE U.S. MARKET."

IN FACT, ABOUT A MONTH AGO, AS THIS SERIES OF HEARINGS BEGAN, HE REPORTED THAT "THE TRAFFIC IN COCAINE AND MARIJUANA TO OUR SHORES, AND THE ABUSE OF THOSE SUBSTANCES BY MILLIONS OF OUR PEOPLE, HAS MOVED OUT OF CONTROL."

OUR PROFESSIONAL EXPERIENCE IN DRUG ABUSE PREVENTION AND TREATMENT FULLY CONFIRMS THIS SOMBER AND DEEPLY TROUBLING CONCLUSION. WE BELIEVE CHAIRMAN RANGEL'S ESTIMATES OF THE VOLUME OF SMUGGLED DRUGS ARE FAR MORE REALISTIC THAN MOST OTHER OFFICIAL FIGURES.

UNFORTUNATELY, THE DISCREPANCIES AND CONTRADICTIONS HE HAS POINTED OUT ARE NOT THE ONLY ONES. ALTHOUGH THIS NATION CANNOT AFFORD TO LOSE THE FIGHT AGAINST DRUGS, WE ARE A LONG WAY FROM WINNING IT NOW AND A BIG REASON IS THAT THE REAGAN ADMINISTRATION'S FORMAL STRATEGY FOR THIS CRITICAL CAMPAIGN SEEMS TO ENVISION LITTLE MORE THAN A WAR OF WORDS.

EVERYONE FAMILIAR WITH THE DRUG CULTURE HAS HEARD OF THE SMOOTH-TALKING DEALER WHO OFFERS "GOOD STUFF" CHEAP. AS IT USUALLY TURNS OUT, A LOT MORE THAN JUST THE PRICE HAS BEEN CUT. THAT'S ABOUT WHAT AMERICANS ARE GETTING NOW FROM THE WHITE HOUSE: NOTHING IS UNADULTERATED IN ITS PRESENT DRUG POLICY EXCEPT, PERHAPS, THE HYPOCRISY.

I WILL BE OFFERING STATISTICAL DOCUMENTATION OF THAT STATEMENT SHORTLY. ADDITIONAL FIGURES AND FACTS ARE INCLUDED IN THE ATTACHMENTS. FOR THE MOMENT, LET'S START WITH ONE SIMPLE EXAMPLE. ON PAGE 6 OF THE "FEDERAL STRATEGY FOR PREVENTION OF DRUG ABUSE AND DRUG TRAFFICKING," WHICH THE ADMINISTRATION DESCRIBES AS SETTING "THE TONE AND DIRECTION" FOR ITS "OVERALL EFFORT TO REDUCE DRUG ABUSE DURING THE NEXT SEVERAL YEARS," IT SAYS:

"OUR GOAL IS TO REDUCE THE LEVEL OF DRUG USE AMONG ALL AMERICANS, BUT ESPECIALLY AMONG SCHOOL-AGE CHILDREN FOR THEY ARE THE FUTURE OF OUR COUNTRY."

THIS IS A LAUDABLE GOAL AND IT IS CERTAINLY TIMELY. THIS PAST SPRING, NEW YORK STATE'S DIVISION OF SUBSTANCE ABUSE SERVICES CAME OUT WITH REPORTS THAT DRUG SALES, INCLUDING INCREASING SALES OF HEROIN AND COCAINE, WERE BEING MADE TO CHILDREN BETWEEN THE AGES OF 6 AND 13 AT 35 OF 36 PUBLIC SCHOOLS THROUGHOUT THE CITY. THIS IS NOT "RECREATIONAL" USE OF EXOTIC DRUGS BY THE JADED ADULTS OF THE JET SET. THESE ARE NOT HIGHLY PAID ATHLETES OR ENTERTAINERS. THESE ARE, IN MOST CASES, DEFENSELESS CHILDREN BEING CRIMINALLY CORRUPTED AS EARLY AS THE SECOND OR THIRD GRADE.

AND HOW HAS THE ADMINISTRATION ACTED TO PROTECT THEM? THE FACTS ARE THAT, IN NEW YORK STATE ALONE, CUTS IN FEDERAL FUNDING THROUGH THE ADM BLOCK GRANT STRIPPED SCHOOL-BASED PREVENTION PROGRAMS OF MORE THAN $5 MILLION. FORTUNATELY, STATE OFFICIALS AND THE LEGISLATURE STEPPED IN WITH EMERGENCY FUNDING THIS YEAR. IF THEY HAD NOT, THOUSANDS OF KIDS WOULD HAVE BEEN LEFT TO THE MERCY OF THE PUSHERS.

A COHERENT "STRATEGY" RECOGNIZES THAT DRUG ABUSE PREVENTION AND TREATMENT ARE RELATED--TO EACH OTHER AND TO OTHER ISSUES. WHEN YOU CUT PREVENTION PROGRAMS, YOU AUTOMATICALLY INCREASE THE NEED FOR MORE TREATMENT SERVICES. AND IF YOU DON'T PROVIDE THE TREATMENT SLOTS, YOU WILL HAVE TO FIND SPACE FOR MANY DRUG ABUSERS ELSEWHERE: IN DETENTION CENTERS AND PRISONS, FOR INSTANCE. I DON'T NEED TO REMIND YOU THAT NONE OF THEM HAVE ROOM TO SPARE RIGHT NOW.

THE PRESIDENT AND HIS DRUG POLICY ADVISERS MUST BE AWARE OF THESE GRIM REALITIES. THEIR STRATEGY STATEMENT SPEAKS OF "RECOGNIZING THE EXISTENCE OF A NATIONAL NETWORK OF DRUG TREATMENT PROGRAMS AND ESTABLISHED REFERRALS SYSTEMS." THEY GIVE SPECIAL PRIORITY TO "PROMOTING DRUG-FREE TREATMENT PROGRAMS." THEY SAY, ON PAGE 3 OF THE STRATEGY, THAT

"...REAL SUCCESS IS ACHIEVED WHEN THOSE PEOPLE MOST AFFECTED BY DRUG AND ALCOHOL ABUSE ARE DIRECTLY INVOLVED IN SOLVING THEIR OWN PROBLEMS."

WE AGREE. EACH OF OUR THERAPEUTIC COMMUNITY PROGRAMS FOCUSSES CAREFULLY AND CONSISTENTLY ON INVOLVING DRUG ABUSERS AND THEIR FAMILIES IN TREATMENT. BUT THE ADMINISTRATION OBVIOUSLY WANTS TO BE INVOLVED AS LITTLE AS POSSIBLE. IN FY 1980, AS THE NATIONAL ASSOCIATION OF STATE ALCOHOL AND DRUG ABUSE DIRECTORS REMINDED CONGRESS THIS SPRING, "FEDERAL APPROPRIATIONS FOR THE ALCOHOL AND DRUG PROJECTS AND FORMULA GRANT PROGRAMS TOTALLED $332 MILLION." NASADAD'S LATEST REPORT REVIEWS WHAT HAPPENED NEXT.

"IN THE FIRST HALF OF FY 1983 THE ALCOHOL AND DRUG PORTION OF THE ADM BLOCK GRANT EQUALLED ONLY $222.8 MILLION - A 33 PER CENT REDUCTION FROM FY 1980 LEVELS WITHOUT ADJUSTING FOR INFLATION. IF THIS INFLATION RATE OF 10 PERCENT IN 1981 AND 6.1 PER CENT IN 1982 IS TAKEN INTO ACCOUNT, CURRENT FEDERAL FUNDING LEVELS OF ALCOHOL AND DRUG TREATMENT AND PREVENTION SERVICES REPRESENT 42 PER CENT REDUCTION IN REAL DOLLARS."

AND WHAT IS THE ADMINISTRATION ASKING FOR FY 1984? IT HAS JUST PROPOSED AN ADM BLOCK GRANT FUNDING LEVEL WHICH IS $9 MILLION <u>BELOW</u> WHAT IT WAS ASKING EARLY THIS YEAR.

UNFORTUNATELY, WE HAVE LEARNED TO EXPECT THIS. IN FY 1979, TOTAL FEDERAL FUNDING FOR DRUG PROGRAMS IN NEW YORK STATE WAS $31 MILLION. BY FY 1981, THAT HAD DROPPED TO $27.6 MILLION, A CUT OF 3.5 MILLION AND IN FY 1982 IT WAS REDUCED TO 19.1 MILLION, A TOTAL REDUCTION OVER THREE YEARS OF $12 MILLION--AS INFLATION, AND OUR WAITING LISTS, ROSE.

THE ADMINISTRATION'S ALLEGED OBJECTIVE--(SEE PAGE 53)--IS "TO ENABLE CLIENTS TO REMAIN FREE OF ILLICIT DRUGS AND FUNCTION PRODUCTIVELY IN THE COMMUNITY." BUT IT IS NOT MOVING TOWARD THAT GOAL. INSTEAD, IT IS RUNNING AWAY.

I HEAD AN AGENCY THAT STARTED IN 1960. WE FUNCTIONED FOR YEARS WITHOUT A PENNY OF FEDERAL, STATE OR CITY FUNDING AND WE ACCEPTED THAT SUPPORT ONLY WHEN IT BECAME CLEAR THAT ACCOUNTABLE, COMMUNITY-BASED PREVENTION AND TREATMENT PROGRAMS COULD SUCCEED WHERE MASSIVE, IMPERSONAL PUBLIC INSTITUTIONS HAD FAILED. TWO YEARS AGO, OUR CLIENT CENSUS WAS ABOUT 340 MEN AND WOMEN. TODAY IT IS 478, BUT WE ARE FUNCTIONING WITH 13 PER CENT LESS FEDERAL FUNDING. DOES THIS MEAN WE ARE MORE EFFICIENT, MORE PRODUCTIVE, THAT WE ARE MEETING THE ADMINISTRATION'S FREQUENTLY REPEATED DEMANDS THAT EVERYONE--EXCEPT THE DEFENSE INDUSTRY--OUGHT TO BE DOING A LOT MORE WITH MUCH LESS?

NO, IT DOESN'T. IT JUST MEANS THAT WE'VE HAD TO CUT SERVICES, SCRAPE BY AND WATCH WAITING LISTS GROW LONGER. AS A GROUP, TREATMENT PROGRAMS IN NEW YORK NOW HAVE 1,300 MEN AND WOMEN WAITING FOR ADMISSION. AT LEAST, THEIR NAMES ARE STILL ON OUR LISTS. SOME OF THEM, FRANTIC AND FRUSTRATED BECAUSE WE COULDN'T TAKE THEM IN RIGHT AWAY, HAVE OVERDOSED. A LOT ARE STILL ON THE STREET--MUGGING, BREAKING INTO HOMES AND STORES.

IN GENERAL, THEIR BEHAVIOR IS GROWING STEADILY MORE SOCIOPATHIC. THERE IS NO PROBLEM UNDERSTANDING WHY. DRUGS COST MONEY. A STUDY FIVE YEARS AGO PUT THE SALES FIGURES ON 115TH STREET IN HARLEM AT $400 A MINUTE, $24,000 AN HOUR, $576,000 A DAY, $4,032,000 A WEEK AND $209,664.000 A YEAR. FIVE YEARS OF INFLATION LATER, I'LL LEAVE TODAY'S TOTALS TO YOUR IMAGINATION.

IN ALL OF THIS, BECAUSE SUCH FIGURES ARE SO DRAMATIC, WE ARE IN DANGER OF LOSING SIGHT OF THE FACT THAT REAL PEOPLE ARE UNDERGOING REAL SUFFERING OUT THERE. I'M THINKING OF ONE YOUNGSTER I AND MY FAMILY KNOW WELL.

BUT NEITHER THE HARD STATISTICS NOR THE PAINFUL PERSONAL STORIES SEEM TO AFFECT THE ADMINISTRATION STRATEGISTS WHO KEEP INSISTING, THROUGHOUT THE OFFICIAL STATEMENT, THAT THE STATES NOW HAVE MORE FLEXIBILITY, MORE AUTHORITY, MORE POWER TO SET THEIR OWN PRIORITIES FOR DRUG ABUSE TREATMENT--AS IF AUTONOMY ALONE WERE REALLY SUBSTITUTE FOR FEDERAL DOLLARS.

IN REALITY, THE AUTHORITY IS MEANINGLESS WITHOUT THE NECESSARY FUNDING TO EXERCISE IT, TO HELP THE MEN AND WOMEN WHO ARE DESPERATELY IN NEED OF DRUG-FREE SERVICES AND OTHER MEANS OF PREVENTION AND TREATMENT. THE ADMINISTRATION STRATEGY STATEMENT CONCEDES THAT DRUG ABUSE IS A "NATIONAL PROBLEM." BUT THE FUNDING TO ATTACH IT, INCREASINGLY, IS TO BE A SAFE AND LOCAL RESPONSIBILITY, CARRIED OUT SOMEHOW BY GOVERNMENTS UNDER THE MOST SEVERE FINANCIAL CONSTRAINTS ALREADY.

THIS COMPLACENT ATTITUDE OF THE REAGAN ADMINISTRATION'S CHARACTERIZES ITS DRUG WAR STRATEGY ALMOST ENTIRELY--AND DISTORTS THE SENSE OF PRIORITIES WITHOUT WHICH NO REALLY PRACTICAL POLICY CAN BE DEVELOPED.

THERAPEUTIC COMMUNITIES OF AMERICA FULLY ENDORSES, FOR EXAMPLE, THE ADMINISTRATION'S EFFORT TO INTERCEPT AND INTERDICT THE FLOW OF ILLEGAL DRUGS INTO THIS COUNTRY. IT IS A TOUGH, OFTEN DANGEROUS JOB. IT WILL NEVER BE COMPLETELY SUCCESSFUL BUT IT IS AN ESSENTIAL DEMONSTRATION, TO EVERY AMERICAN OF EVERY AGE, THAT THE FEDERAL GOVERNMENT IS SERIOUS ABOUT TRYING TO HOLD BACK THE FLOOD TIDE OF DRUG IMPORTS.

AS CHAIRMAN RANGEL HAS POINTED OUT, HOWEVER, THE CREST OF COCAINE HAS SURGED FAR ABOVE THE BARRIERS, ALONG WITH MARIJUANA. EARLIER THIS YEAR, THE GENERAL ACCOUNTING OFFICE OF CONGRESS FOUND THE TOTAL INTERDICTION EFFORT ONLY MODESTLY SUCCESSFUL: EVEN THE STEPPED UP COCAINE AND HEROIN SEIZURES, IT WAS ESTIMATED, STOPPED NO MORE THAN 13 PER CENT OF THE TOTAL SUPPLY. GAO SAID IT WOULD TAKE SOME $2 BILLION TO BLOCK 75 PERCENT OF THE MARIJUANA FROM THE CARIBBEAN.

SINCE NOTHING ON THIS SCALE IS GOING TO DEVELOP, AMERICA IS GOING TO HAVE TO COPE WITH DRUG ABUSE FOR A LONG TIME YET AND A REAL STRATEGY HAS TO PUT AS MUCH EMPHASIS ON FEDERAL SUPPORT OF EDUCATION, PREVENTION AND TREATMENT EFFORT AS IT DOES ON DRUG LAW ENFORCEMENT.

WE'RE IN FAVOR OF EVERYTHING THAT CAN REALISTICALLY BE DONE TO REDUCE THE SUPPLY OF DRUGS COMING INTO THIS COUNTRY. WE THINK IT'S JUST AS ESSENTIAL TO WORK ON REDUCING THE DEMAND FOR THEM.

BUT THE CONTRADICTIONS AND CONFUSIONS DON'T SEEM TO END. EARLY IN HIS ADMINISTRATION, THE PRESIDENT APPEARED TO HAVE A REASONABLY CLEAR UNDERSTANDING OF THE LIMITS OF INTERDICTION. "WITH BORDERS LIKE OURS" HE SAID, TRYING TO HEAD OFF DRUGS AS THE MAIN METHOD OF DEALING WITH THE NATION'S DRUG PROBLEM "IS VIRTUALLY IMPOSSIBLE. IT'S LIKE CARRYING WATER IN A SIEVE." BUT THAT IS NOW THE POLICY WHICH THE PRESIDENT MOST SEEMS TO FAVOR PERSONALLY. VICE PRESIDENT BUSH'S NEW ROLE IN THE INTERDICTION EFFORT IS JUST THE LATEST INDICATION OF WHAT THE REAL PRIORITIES ARE.

THERE ARE OTHER INCONSISTENCIES THAT CLOUD THE WHOLE PICTURE. I AM THINKING PARTICULARLY OF THE ADMINISTRATION'S HEAVY EMPHASIS ON THE IMPORTANCE OF THE "PARENT'S MOVEMENT" AND "TOUGH LOVE" IN DEALING WITH DRUGS. THEY ARE APPROVINGLY DESCRIBED ON PAGES 48 AND 49 OF THE STRATEGY STATEMENT FOR HAVING DEVELOPED "WITHOUT GOVERNMENT IMPETUS AND WITH LITTLE FINANCIAL SUPPORT FROM THE FEDERAL GOVERNMENT."

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I DON'T NEED TO REMIND THE CHAIRMAN OR OTHER MEMBERS OF THIS COMMITTEE THAT THERAPEUTIC COMMUNITIES OF AMERICA HAS BEEN DEVOTED FROM THE BEGINNING TO ENCOURAGING THE ACTIVE PARTICIPATION OF FAMILY MEMBERS IN THE DRUG TREATMENT PROCESS.

WHENEVER AND WHEREVER THAT CAN BE DONE, WE WORK TO MAKE IT A REALITY. NOTHING HAS MORE POTENTIAL IN MAKING THE RE-ENTRY AND AFTERCARE PHASES OF OUR TREATMENT PROGRAMS SUCCESSFUL. WE ARE IN EVERY SENSE FAMILY-ORIENTED PROGRAMS.

IT REMAINS A FACT THAT A GREAT MANY OF THE PARENTS OF DRUG ABUSERS CANNOT BE INVOLVED INITIALLY--OR, IN A SIGNIFICANT NUMBER OF CASES, AT ALL. SOME ARE ABUSERS THEMSELVES. SOME ARE SEPARATED, DIVORCED, LIVING APART FROM THEIR CHILDREN. THEY MAY HAVE BEEN SO TORMENTED FOR SO MANY YEARS BY THE LYING, STEALING AND VERBAL ABUSE OF ADDICTED CHILDREN THAT THEY HAVE TOTALLY REJECTED THEM AS BEYOND HOPE AND HELP. I FOUND IT INTERESTING THAT THE STRATEGY STATEMENT, WHICH SPEAKS IN SUCH GLOWING TERMS OF THE PARENTS MOVEMENT ON PAGES 48 AND 49, NOTES ON PAGE 56, THAT 57 PER CENT OF THE FORTUNE MAGAZINE 500 COMPANIES HAVE ESTABLISHED PROGRAMS TO PROVIDE ALCOHOLISM AND DRUG ABUSE COUNSELING FOR THEIR WORKERS--MANY OF WHOM, OF COURSE, ARE PARENTS.

SOPHISTICATED INVOLVEMENT OF THE FAMILIES OF DRUG ABUSERS IN TREATMENT IS A DESIRABLE GOAL. IT DEMANDS SOMETHING MORE THAN WARM OFFICIAL ENDORSEMENT IN A STRATEGY STATEMENT OR A HIGHLY PUBLICIZED VISIT BY THE FIRST LADY TO AN AGENCY WITH A PRIMARILY UPPER MIDDLE-CLASS CLIENTELE. IT DEMANDS A COMMITMENT TO UNDERSTAND AND HELP ALL FAMILIES--AND THE PATIENCE TO CARRY THAT COMMITMENT THROUGH. AND IT DEMANDS A STRATEGY THAT DOES NOT SEEK TO EVADE THE FINANCIAL REALITIES INVOLVED IN PROVIDING SKILLED PROFESSIONAL SERVICE.

I HAVE DEVOTED SOME TIME HERE TO OUR ASSESSMENT OF THE ADMINISTRATION'S STRATEGY STATEMENT BECAUSE, FRANKLY, WE THINK THAT THIS NATIONAL CRISIS WE FACE REQUIRES A FAR MORE CONSISTENT AND PRACTICAL STRATEGY THAN WHAT WE HAVE BEEN OFFERED.

AND I DON'T SEE ANY REASON WHY WE SHOULD WAIT FOR THE ADMINISTRATION TO DEVELOP SUCH A PROGRAM: IT HAS ALREADY FAILED THE TEST. RATHER, WE LOOK TO CONGRESS AND ESPECIALLY TO THE COMMITTEE, TO REVIEW AND REDEFINE THE PRIORITIES HERE AND TO DRAFT A NEW, COMPREHENSIVE AND CONSISTENT PLAN. WE STAND READY TO SUPPORT SUCH AN EFFORT TO THE FULLEST.

LET ME SUGGEST SOME OF THE ELEMENTS WE WOULD LIKE TO SEE IN THAT NEW STRATEGY.

WE WOULD LIKE TO SEE EDUCATION, PREVENTION AND TREATMENT GIVEN THE SAME OFFICIAL SUPPORT, BY WASHINGTON, INCLUDING FINANCIAL SUPPORT, THAT THE ENFORCEMENT PROGRAM IS RECEIVING:

WE WOULD LIKE TO MAKE THE BEST USE OF NEW OPPORTUNITIES FOR FUNDING, MOST NOTABLY THE USE OF FEDERAL "CIVIL FORFEITURE" LEGISLATION THAT WOULD MANDATE A SHARE OF THE CASH AND OTHER VALUABLES SEIZED IN RAIDS ON ILLICIT DRUG OPERATIONS FOR PREVENTION AND TREATMENT SERVICES;

WE WOULD LIKE TO SEE THE FEDERAL GOVERNMENT ENCOURAGE THE MANY NEW INITIATIVES OUR PROGRAMS ARE PREPARED TO TAKE AND TO ENLARGE UPON. MY OWN AGENCY, FOR EXAMPLE, HAS RECENTLY CREATED A SPECIAL SENIOR CITIZENS PROGRAM, WHICH ADDRESSES THE PROBLEMS OF OVER- AND UNDER-MEDICATION OF THE ELDERLY THROUGH A UNIQUE PRESCRIPTION MONITORING SERVICE SUPERVISED BY PROFESSIONALS. DRUG MISUSE CAN BE AS INSIDIOUS A PROBLEM IN PUBLIC HEALTH TERMS AS DRUG ABUSE. OUR AGENCIES, WITH THEIR BREADTH AND DEPTH OF EXPERIENCE, ARE UNUSUALLY WELL EQUIPPED TO DEAL WITH THIS SERIOUS PROBLEM;

WE WOULD LIKE TO HELP IMPLEMENT A FEDERAL STRATEGY THAT RECOGNIZES THE RIGHTS OF STATES TO DEVELOP THEIR OWN PREVENTION AND TREATMENT PROGRAMS--BY GUARANTEEING THEM <u>BOTH</u> THE AUTONOMY TO INNOVATE AND THE FUNDING TO MAKE IT MEANINGFUL.

AS PROFESSIONALS IN THIS FIELD, WITH THE KIND OF BACKGROUND THAT ONLY LONG EXPERIENCE CAN PROVIDE, WE EMPHATICALLY DO NOT THINK THAT AMERICA'S DRUG ABUSE PROBLEM IS SIGNIFICANTLY LESSENING. THE DRUGS OF CHOICE MAY BE CHANGING, AS THEY HAVE FROM THE BEGINNING: THE CHOICE TO USE DRUGS IS BEING MADE, ROUTINELY, EVERY DAY, BY MEN AND WOMEN ON EVERY SOCIAL AND ECONOMIC LEVEL. EVERY RELIABLE INDICATOR AFFIRMS THAT REALITY. THERE IS NO POINT IN TRYING TO PRETEND DIFFERENTLY OR IN TRYING TO DRAW POSITIVE SIGNS FROM GRIMLY NEGATIVE EVIDENCE.

TO ACT EFFECTIVELY, WE MUST RECOGNIZE THAT ENFORCEMENT, EDUCATION AND TREATMENT ARE EQUALLY CRITICAL IN THIS CAMPAIGN. AND WE MUST PROVIDE LEADERSHIP THAT CONFRONTS THE FACTS AS THEY ARE, INSTEAD OF PROMOTING FANTASIES THAT COMFORT NO ONE BUT THEIR ORIGINATORS.

THE MEMBER AGENCIES OF THERAPEUTIC COMMUNITIES OF AMERICA ARE A STRONG AND INEXHAUSTIBLE RESOURCE FOR THIS COMMITTEE. WE ARE A NATIONAL FORCE BECAUSE DRUGS ARE A NATIONAL PROBLEM. AND WE ARE CERTAIN THAT PROBLEM CAN BE REDUCED IF IT IS RESOLUTELY, REALISTICALLY FACED.

"THE FEDERAL STRATEGY CALLS FOR A COMPREHENSIVE PROGRAM TO REDUCE DRUG AND ALCOHOL ABUSE IN THE UNITED STATES." SO SAYS THE ADMINISTRATION'S POLICY STATEMENT ON PAGE 8. THE IRONY WAS NO DOUBT JNCONSCIOUS, BUT THE WORDS ARE LITERALLY TRUE: THE STRATEGY DOES, INDEED, "CALL FOR" A COMPREHENSIVE PROGRAM BECAUSE IT IS, IN ITSELF, SO NARROW, SO LIMITED AND, ABOVE ALL, SO PLAINLY LACKING IN A REAL FUNDING COMMITMENT TO EDUCATION, PREVENTION AND TREATMENT.

THIS COMMITTEE AND CONGRESS, HOWEVER, CAN RESPOND TO AMERICANS WHO ARE CALLING FOR HELP IN DEALING WITH DRUG ABUSE. AND WE ARE READY TO HELP YOU.

THANK YOU VERY MUCH.

TESTIMONY PRESENTED BY

Msgr. William B. O'Brien
President
Daytop Village, Inc.

President
World Federation of Therapeutic Communities, Inc.

Mr. Chairman, I welcome the opportunity to address this distinguished Committee. I will talk to you today about drug abuse in our region and our efforts as well as our needs in combating this problem. It is so very important that this Committee is focusing its unique skills and resources on this great task. Drug abuse is a serious problem in this region and in this country, and its proper solution is of importance to all of us. Drug abuse has reached alarming levels and it is destroying the health of our city and threatens the very moral fabric of our society. Rudolf Giuliani, United States Attorney for New York, recently emphasized this when he stated, "The regard for law and values deteriorates, because if you can't stop people from pumping poison into themselves, you can't do much of anything else as a society." In many ways, then, it is a more serious threat to our national security than any hostile foreign power. We need your support and help in meeting the serious challenges ahead.

I come to you as a veteran with over 25 years experience in the drug rehabilitation field. As President of Daytop Village, I have witnessed over 38,000 young people return to the mainstream of society as a result of Daytop's program and services. I began when this country had been and was still fielding one response for addicted young people - a jail cell. They were there in huge numbers, reinforcing their alienation and anger, gathering graduate degrees in crime, returning to drugs and crime hours after release.

I have witnessed 7 national administrations from Eisenhower to Reagan balance political exigencies with the plight of young people in trouble. Within the framework of political and socio-economic philosophies as well as shifting, disjointed federal emphases, I and my colleagues have struggled to keep alive the flame of hope for the young people of America.

There is no question that the current Administration in Washington from

the onset offered us, and the nation's troubled youth, the brightest promise. Mrs. Reagan visited on more than one occasion my own Daytop Village as well as other programs and came away with a new cause which she has championed passionately ever since. The President himself spoke of drug abuse as an "intolerable threat to our society, especially to the young." He also recognized that "Private, non-profit drug rehabilitation agencies have taken the lead in fighting drug abuse and they deserve greater cooperation and flexibility from federal, state and local agencies and grant programs."

I am saddened to report today, however that the hope that glowed so brightly just a short time ago is now gone and replaced by the cruel reality of an inflexible administration which has become indifferent to the needs of our youth. Federal leadership is simply not there. President Reagan has undermined his wife's crusade against drug abuse by slashing federal funds for treatment. As a result this administration has contributed to the increased pain and suffering of our youth. This can no longer be tolerated, changes must be made for as Thomas Paine wrote in The Rights of Man, "Whatever the form or constitution of government may be, it ought to have no other object than the general happiness. When, instead of this, it operates to create and increase wretchedness in any of the parts of society, it is on a wrong system, and reformation is necessary."

The fact is the incidence of drug abuse in New York City and throughout this country has been increasing at an unprecedented rate. There is now a "new breed" of addict who abuses a variety of drugs including amphetamines, barbiturates, tranquilizers and sedative-hypnotics. Although The National Institute on Drug Abuse reports in its 1979-1982 study of high school seniors that daily use of marijuana has declined it remains at dangerously high levels. In reviewing this study it is important to understand that there was a 50 fold or 5,000 times increase from the late 1950's to 1979 in marijuana use and this type of increase

is seen only in plagues. Thus, even with the apparent decrease usage remains at epidemic proportions. Despite the decrease in marijuana use, roughly 2/3 or 64% of all young Americans try illicit drugs. Even more important is the fact that today adolescents are the only age group to show an increase in mortality rates and this is primarily due to drug abuse.

The treatment sector, of which I am part, has been faced with the reality of a drug problem of epidemic proportions. Since 1979 New York City has been reeling under this epidemic. Drug-related deaths, emergency room episodes, arrests and admissions to treatment centers are all up substantially. In 1982 the New York Police Department reported that 24,251 drug related arrests were made which represents a 29% increase from the previous year. At the same time the New York City Housing Authority reported 4,434 drug-related arrests which is a 95% increase from 1981 and an even more staggering 220% increase from 1980.

60% of the inmates in New York State prisons report a history of drug abuse. And of the 60,000 prisoners entering New York City jails last year 10,000 required drug detoxification.

The New York City Health and Hospitals Corporation reports that in 1982 there were 63,861 visits with a doctor for drug-related care which is a 33% increase from 1980. At the same time there were 2,730 drug-related admissions which is a 4% increase over the previous year.

In addition, from 1980-1982 there has been a 35% increase in drug-dependent deaths in New York City. This statistic is the most difficult to accept as all other major causes of death such as diabetes, malignancies, pneumonia and circulatory-vascular systems have all shown a decline.

Drug addiction, total drug deaths and juvenile drug deaths continue to rise

in New York City. The police estimate that more than 20,000 youths actually live on the streets of New York most of whom are abusing drugs. These children, our children, are coming to treatment programs seeking help because they are dying and want to get off drugs and off the streets for good.

Our children... Like John, who at age 5 was abandoned by his natural parents and forced to live with a surrogate father who sexually molested him. As a result he started abusing drugs at age 12 and before long was dependent on pills. Now 14, John has been in our residential program for 6 months and finally has a chance of making it.

Like Mary who is now 15. Before entering Daytop Mary was living with her father who is an alcoholic. Her mother is dead. Two years ago, at age 13, Mary was kidnapped by two men who sexually molested her and then used her as a prostitute ultimately getting her hooked on heroin. Both Mary and her father are now in treatment and the prognosis is good.

Like Peter, age 15, whose parents died when he was an infant and was raised by his grandmother. Peter is a loving, caring person but he grew up with no positive stimulation. He started using drugs at 13 and was addicted to cocaine prior to entering Daytop at age 14. Peter had difficulty with his speech and could barely read or write. Since entering treatment 8 months ago Peter's reading level has improved from 2.9 to 9.7.

These are our children! Real children. Only their names have been changed. They, however, are fortunate ones as they are now on the road to recovery. But what of the 155 children currently on our waiting list. And Daytop is not unique. Drug-free therapeutic programs across this state have large waiting lists which are growing every day. What of all the John and Marys who, though crying out for help, we are forced to turn away due to lack of funds to provide

the beds? How many more will follow? Where are our leaders? The children are not the problem. Those in the administration and government who have become indifferent and insensitive to the pleas of these children are the problem. It is this indifference that destroys us all. For as (George Bernard) Shaw warned, "The worst sin toward our fellow creatures is not to hate them but to be indifferent to them, that's the essence of inhumanity."

This indifference and insensitivity to the cries of our hurting children is indicative of this Administration's attitude toward those affected by drug abuse. They are attempting to build stigmas and limitations into the very programs designed for these youth. It's very insidious and in the end the programs deteriorate and are ultimately destroyed. Three years ago our self-help Therapeutic Community programs numbered 577. Today the number is 300. The sad truth is that those of us in the treatment sector instead of being encouraged and supported in our fight to eliminate drug abuse are being starved for funds.

It is time that the government realize that drug abuse is an infectious, communicable disease and no one is immune. It can no longer be categorized merely as a medical or criminal problem. Drug abuse affects individual and community health and we are in the throes of an epidemic. It spreads by a process of social contact with friends or peers. Society has not only a right but an obligation to protect itself against communicable disorders that seriously affect the public health. This calls for the provision of effective treatment for all those who have the disorder. It also demands a rapid response to contain the problem which is not forthcoming from Washington. If new drug abusers are rapidly involved in treatment, they are not likely to continue spreading the disorder. However, if they are forced on to waiting lists there will never be effective control. We must first recognize the problem, understand the

problem and choose the right solutions. We cannot afford to ignore the warning signals any more than a physician when he finds the first evidence of disease in a patient. Our future lies with our youth and we cannot ignore them.

What is needed is a three-pronged approach to drug abuse control; enforcement, prevention and treatment. The first is the effective control of the drug supply. The second involves early intervention strategies focusing on the youngsters using drugs as well as those who have developed other dysfunctional behavior associated with drug abuse. It also includes the collection and integration of appropriate data and the monitoring of regional and national drug abuse trends. The third involves a concerted effort to identify all active cases and involve them in treatment. We must reduce the intolerable economic and social cost of drug abuse to this city and country. Unfortunately, official policy at federal and state levels does not view this as a priority.

In October 1982 President Reagan and Attorney General William French Smith announced an all-out war against drug abuse by The Federal Government. We, as treatment personnel, are on the front lines of this war. Today we can report that the casualties are high and we are losing the war as the needed support is not forthcoming from those who have declared the war. Declarations like these without supportive action by the administration have been of little solace to the thousands of parents and young people who are the victims of the current drug epidemic. The Administration must not respond to this problem with mere lip service. It can respond only by acting - in a manner both caring and imaginative.

As the problem of drug abuse has proliferated the funding for treatment has disintegrated. Current Federal expenditures for drug abuse treatment are too small and inadequate to bring the disease under control. It is clear that there are far more people in desperate difficulty as a result of drug abuse than we might ever have suspected. Today there are more and more people using

more drugs and more often than ever before and ending up in hospitals and clinics and more deaths. There are more kids with police records, more parents worried and more predictions of trouble. But, as yet, little happens in terms of funding for treatment and rehabilitation programs.

What is needed is a New York Drug Alert and even a National Alert. This can represent an official and very important recognition by the leaders of state and federal government of the need for concern, involvement, participation, and, most of all, adequate funding in combating the plague of drug abuse. We therefore call upon you, our elected officials, to voice the moral leadership necessary to energize this nation and reaffirm our faith in the strength and potential of our youth to lead drug-free, productive lives. To signal to one and all that this country will no longer accept the destruction of our youth by drug abuse.

America's no. 1 problem today is the spread of drug abuse. It has become one of the greatest perils to our national health. Our ambition to control and eliminate drug abuse can be realized only with your help. This aspiration can be achieved by working together. In his book, A Study of History, Arnold Toynbee discusses the rise and fall of civilizations in the course of history. Civilizations, he points out, are the product or result of challenge and response; and they rise or fall, live or die with their ability or inability to respond properly and adequately to challenges. We are now faced with one of our greatest challenges in overcoming drug abuse and unless we can marshall the resources and receive the necessary support, we are doomed to fall and die. But with the proper help we can more effectively combat drug abuse and contribute to better health for all. The eradication of drug abuse is a moral imperative. This should be our common objective and its achievement would make this city, this country a better place in which to live.

COCAINE ABUSE: ADVERSE EFFECTS ON HEALTH AND FUNCTIONING

Testimony of

DR. ARNOLD M. WASHTON

Associate Professor of Psychiatry and
Director of Drug Abuse Research and Treatment
New York Medical College

Cocaine use in the U.S. has reached epidemic proportions within the past few years and continues to soar at alarming rate as it becomes more prevalent among the middle-class and working-class segments of American society. A 1983 NIDA Survey estimates that over 22 million Americans have already tried cocaine. Thousands of users are suffering serious disruption to their health and functioning from cocaine and yet our overly accepting drug-oriented culture continues to perpetuate the popular belief that cocaine is a relatively, safe recreational drug. I am here today to challenge this misconception with research findings and my own clinical observations in the hopes that we can eventually stem the tide of more widespread abuse of this very seductive drug.

In February 1983 we established the first telephone hotline for cocaine abusers in the New York City metropolitan area and to date have received well over 5,000 calls - sometimes at a rate of over 100 per day. We conducted extensive interviews with the callers to assess the specific adverse effects of their cocaine use in terms of medical, psychological, social, vocational, financial, and legal consequences. Results from a representative random sample of 55 callers are summarized below:

RESULTS

1. Demographics

   Our sample was 78% male, 22% female, mean age 33 years, 56% white, 35% black, and 9% hispanic. The mean level of education was 14 years. Fifty-three percent held white collar jobs or were self-employed, 31% were blue-collar workers. Forty-nine percent had annual incomes over $25,000.

2. Cocaine Use

   The primary route of cocaine administration was intranasal (51%), free-base smoking (22%), and intravenous injection (27%). Weekly cocaine use ranged from 1-32 grams per week - 48% used 6 grams or more per week. At $100 to $125 per gram, they were spending an average of $800 per week on cocaine. Ninety-two percent (92%) said they felt psychologically addicted to cocaine; 91% felt they had lost control over their cocaine use; and 81% said they experienced an irresistable craving and compulsion to use cocaine.

3. Other Drug Use

   Sixty-four (64%) reported no concurrent regular use of drugs other than cocaine. The remaining 36% were using tranquilizers, marijuana, alcohol, or heroin to reduce the "jittery" stimulant effects of cocaine or to relieve the unpleasant "crash" when cocaine effects wore off.

4. Adverse Effects

   Users reported a high incidence and wide range of consequences of cocaine use, irrespective of route of administration. Specific consequences included:

   a. physical symptoms of exhaustion, sleep problems, nose bleeds, headaches, weight loss, trembling hands, and grand mal seizures with loss of consciousness;

b. psychological symptoms of paranoia, panic attacks, violent and suicidal thoughts, depression, anxiety, lack of motivation, loss of sex drive, difficulty concentrating and memory problems;

c. impaired vocational functioning consisting of lateness, absenteeism, and reduced productivity at work;

d. impaired relationship with spouse/mate leading to actual or threatened separation;

e. diminished or exhausted financial resources and accumulation of debts.

Cocaine-related suicide attempts and automobile accidents were also reported. Symptoms of cocaine-induced paranoid psychosis were reported by two subjects.

Contrary to expectation, intranasal users reported no fewer and no less severe consequences than free-base smokers or intravenous users.

CONCLUSIONS AND COMMENTS

1. Contrary to popular beliefs, cocaine cannot be regarded as a safe recreational drug. The occurence of compulsive use patterns and serious adverse effects demonstrate clearly that cocaine is a dangerous drug with high abuse potential.

2. Intranasal users ("snorters") of cocaine are not exempt from developing compulsive use patterns or adverse consequences, challenging the common misconception that this route of administration offers some guarantee of safety. Recent reports of death from intranasal cocaine use underscore the fact that toxic blood levels of cocaine can be achieved by this route.

3. The large volume of calls to our helpline appear to reflect the increasing prevalence of cocaine dependence in the U.S., especially among white, middle-class males who are otherwise not heavily involved in drugs. Not only are more people using cocaine, but increasing numbers are developing addictive patterns of use and as a result suffering serious disruption to their normal functioning.

4. A multitude of factors are contributing to the rapidly increasing and widespread abuse of cocaine in the U.S. including: (a) the potent reinforcing effects of cocaine which include feelings of enhanced physical, mental, and sexual capabilities (animals given free assess to the drug will take it to the point of death!); (b) the short-term duration of the cocaine "high" and the subsequent intense depressive reaction ("crash") that follows: (c) the increasing popularity of free-base smoking - a form of administration that delivers a large amount of drug to the brain in a very short period of time; (d) the high availability of cocaine almost everywhere in the U.S.; (e) the high-status reputation of cocaine as the "champagne of drugs" and the "rich man's high" in an overly accepting, drug-oriented culture; and (f) the unfortunate but very common misconception that cocaine is a fairly benign drug for achieving short-term euphoria without danger of addiction or adverse effects, especially if used by the intranasal route.

RECOMMENDATIONS

Adverse consequences of cocaine abuse are likely to become increasingly prevalent and visible during the next few years in the form of cocaine-related emergency room visits, treatment admission, automobile accidents, suicides, violent behavior, fatal reactions, impaired work performance, and disruption to families, careers, and personal lives of thousands of Americans.

There is currently no treatment for cocaine abuse with demonstrated effectiveness. At Regent Hospital in New York we have been developing new treatment approaches, but additional efforts are sorely needed.

We must intensify our research efforts to better understand the basic biological, psychological and social factors that are contributing to this epidemic of cocaine abuse and we must develop effective treatments.

Because misconceptions about the safety of cocaine tend to engender more widespread abuse, it is imperative that additional information be gathered and disseminated about the consequences of cocaine use to health and functioning.

Biographical Sketch

Dr. Arnold M. Washton is Associate Professor of Psychiatry and Director of Drug Abuse Research and Treatment at New York Medical College. He is also Director of Clinical Research at The Regent Hospital in New York City. He is an established clinician and researcher in the drug abuse field with numerous publications in medical journals and books and has been the recipient of fellowship awards and research grants from NIMH and NIDA. He serves on drug abuse advisory boards for state and local governments in New York and is also a member of the Drug and Alcohol Abuse Subcommittee of the New York Academy of Medicine.

Dr. Washton is best known for his work in evaluating the effectiveness of new pharmacological treatments for drug dependence (including clonidine, naltrexone, LAAM, etc.) and for this work on the role of psychological factors in the etiology and treatment of drug abuse.

Dr. Washton is one of only several clinical investigators in the U.S. who have ongoing programs offering naltrexone and LAAM treatments to opiate addicts. He recently established a telephone hotline for cocaine abusers in the New York City metropolitan area and conducted a study to determine specific adverse effects of cocaine abuse on health and functioning. He has since established the first specialized outpatient treatment program for cocaine abuse in New York City.

PREPARED STATEMENT OF

LEVANDER LILLY
ASSISTANT TO THE CHANCELLOR
NEW YORK CITY PUBLIC SCHOOLS

TESTIMONY SUBMITTED TO THE SELECTED COMMITTEE ON NARCOTIC ABUSE AND CONTROL

Mr. Chairman, distinguished members of the Select Committee on Narcotics Abuse and Control and Committee Staff, I am happy to be given this opportunity, on behalf of Chancellor Anthony J. Alvarado and the New York City Board of Education, to share with you today some views on how drug abuse and drug related offenses affect the city's school system. In addition, I am prepared to describe the work of the Board of Education's School-Based Drug and Alcohol Abuse Prevention and Intervention Programs, and, finally, offer several recommendations for your consideration.

Drug abuse within American society is a major problem that affects the lives of a great number of people. A study conducted by the Research Triangle Institute (RTI) for the Alcohol, Drug Abuse and Mental Health Administration estimated that in 1977 drug abuse cost the economy more than $16 billion in medical costs, criminal justice and loss in productivity. Even more important is the tragedy of human suffering associated with drug abusers and their families.

Current data tells us that we are a drug oriented society, where 100 million people are regular consumers of alcohol with present estimates identifying 10 million of those people as alcoholics. We live in a country where each year doctors write an

estimated 100,000,000 prescriptions for the so-called "minor tranquilizers" such as librium and valium. The combination of alcohol and drug use has reached unprecedented and staggering proportions. In addition, there has been an alarming increase in the abuse of cocaine and heroin among our youth. One begins to realize that despite the heroic efforts of law enforcement agencies, the courts, community organizations and the school system, substance abuse remains one of our society's major health problems.

It was in 1968 that the problem of substance abuse among school-age students was first classified as being at alarming proportions. Legislators began to realize that treatment alone was not enough. The school system found itself losing many students to this ever-increasing blight. Those students who were using drugs and remained in school presented massive problems to the school staff and community, including physical attacks on teaching staff, increased juvenile delinquency activities and school vandalism. Today, school vandalism is a crime which reportedly costs the school system approximately $12 million a year.

As society's awareness of the scope of drug abuse among teenagers began to increase, there was a growing outcry by parents,

legislators, concerned citizens, educators and others that something had to be done. In 1971, the late Governor Nelson A. Rockefeller, exercising the right of Executive Order, made available 65 million dollars for Youthful Drug Abuser Programs. These programs were to develop prevention-intervention and education approaches in dealing with drug abuse among school-age children. All community school districts, the Central Board of Education, the Archdiocese of New York, the Diocese of Brooklyn and Hebrew Day Schools in New York City submitted proposals based on the needs of their specific community.

The thrust of the early school-based drug prevention efforts was primarily pharmacalogical. Children were told of the devastating effects to the body by heroin, LSD, marijuana and other such drugs. Audio-visual materials graphically depicted sordid life and death styles of addicts. Guest speakers, many ex-addicts themselves, were addressing assembly classes and recounting personal experiences. There were other such "scare techniques" employed in the hope that children would realize the dangers of drug abuse or drug addiction.

Numerous studies demonstrated that while students were interested in such knowledge, some actually began to experiment with dangerous substances as a result of such experiences. Program

staff members began to realize that this approach was not sufficiently comprehensive. It was recognized that to be effective, substance abuse prevention had to utilize an affective, humanistic approach which viewed the abuse of substances not as the problem, but as a symptom of other mental health problems. The programs had turned the corner in the fight against substance abuse.

Today, one finds that each program still reflects the individual needs of the community's target population. Staff members have been trained, and continue to be trained, in detecting symptoms in youngsters which may lead them to alcohol/drugs. Truancy, adolescent street crimes, dropping out of school, involvement in street gangs, running away from home, involvement in school and community, vandalism, poor peer relationships, poor family relationships, poor academic achievement, promiscuity - and the related effects of increased adolescent prostitution, increased pregnancies, venereal disease, among others - are typical behaviors with which program staff members deal on a regular basis. Introducing the affective, humanistic approach, and linking substance abuse to other manifestations of self-destructive behavior has been one of the most significant accomplishments of the New York City programs.

The proliferation of drugs including marijuana, alcohol, cocaine, angel dust, and heroin is still threatening the lives of thousands of youngsters. Recent statistics published by the New York State Division of Substance Abuse Services, the Division of Alcohol Abuse Services, and the National Institute on Drug Abuse demonstrate the extent of the problem:

- One of every four people in the State 14 years and older has taken an illegal drug or used a legal drug without a prescription.

- More than 950,000 of New York State's high school students have used marijuana.

- More than 220,000 of these students have used hashish glue, solvents, PCP, or tranquilizers non-medically.

- Fifty-one percent of the students in New York State have used at least one substance.

- There has been a significant increase in New York State in the abuse of substances among younger children in elementary schools.

- An estimated 3.3 million teenagers between the ages of

14 and 17 are considered to be problem drinkers.

- An estimated 83.5 percent of students in seventh and eighth grades reported drinking alcohol at least once.

The New York State Division of Substance Abuse Services conducted studies in 1975-76 which discovered that of the approximately 653,000 new substance abusers found in New York State, 328,000 were found in the 14-19 year-old age group. Simply, 52 percent of new substance abusers can be classified as youthful drug abusers.

The extent to which our youth are abusing substances is staggering. The abuse of alcohol, whether alone of coupled with other drugs (poly drug abuse) is alarming. This problem is growing and so is the price tag. The cost of narcotic addiction to New York State was estimated to be $3.6 billion in 1976. (The main cost, about $3.3 billion, was due to property crimes committed by addicts not in treatment, plus the criminal justice, welfare and health related expenses generated as a result.)

If indeed schools are a reflection in microcosm of society at large, we can expect that drug and alcohol abuse will constitute one of the most significant problem areas within the school

setting. The causes are multiple and complex and many of them are clearly beyond the authority of any school administrator. They include such societal problems as massive unemployment, racism, disrupted family structures and the ever increasing flow of drugs into our country. It is clear, however, that the New York City school system, regardless of the multiplicity of causation, has a responsibility for dealing with this problem.

We must create a school system that encourages youngsters to attend, that makes them feel good about themselves, and that will facilitate their overall growth and the self-actualization process. Thus, we cannot separate the "drug problem" in our schools from the larger social problems and the need to reform our educational institutions.

The New York City Public Schools have been combatting the problem of youthful substance abuse through our School-Based Drug and Alcohol Prevention and Education programs. The school-based programs provide a wide range of prevention and intervention services. Prevention measures include helping youngsters develop sound decision-making skills, coping skills, and communication skills as well as providing factual information to students on the harmful effects of drug and alcohol abuse. Intervention services include individual, group and family counseling to students and

their parents. Last year approximately 252,400 New York City students were served by these programs. However, because of drastic staff reductions over the past few years, these programs can only serve 40,000 students in the intervention component on an on-going basis.

These programs serve as a safety net for children. The more children we reach in prevention and intervention services, the greater are our chances of reducing the number of youngsters who will become involved in not only drugs and alcohol, but also in other criminal acting-out behavior, eventually costing taxpayers more in treatment and criminal justice.

It is important to point out that the estimated yearly service costs per individual within various modalities of drug programs state the following:

Incarcertion	$30,660.00
Treatment Programs	2,100.00
School-Based Drug Prevention Programs	51.90

As a cost effective strategy, clearly, "AN OUNCE OF PREVENTION IS WORTH A POUND OF CURE."

The New York City school-based drug abuse prevention programs are an essential means of combatting the problem and have been recognized as among the most effective in the country. In "The 1982 Report on Drug Abuse and Alcoholism," Joseph A. Califano, Jr., Special Counselor to former Governor Carey, pointed out:

> "New York is a national leader in developing school-based early intervention programs. School districts across the nation should follow this lead and establish programs."

The recent "Report to the New York State Legislature on School-Based Prevention and Education Programs" by the State Division of Substance Abuse Services attests to the positive results among students who participate in school-based programs. The report found:

- "More positive attitudes toward parents, schools and selves
- Better decision-making skills
- General agreement that the intervention programs are beneficial."

It is important to point out again, however, that the number of students whom these programs can service adequately has

drastically declined over the past six years due to high inflation and to budget cuts.

School-based prevention programs, in my judgment, have been continually neglected at all levels of government. I would like to read you a very short quote from a high ranking federal official:

"I've had people talk to me about increased efforts to head off the export into the United States of drugs from neighboring nations. With borders like ours, that as the main method of halting the drug problem in America is virtually impossible: It's like carrying water in a sieve.

It is my belief-firm belief-that the answer to the drug problem comes through winning over the users to the point that we take the customers away from the drugs, not the drugs necessarily - try that of course, you don't let up on that. But it's far more effective if you take the customers away than if you try to take the drugs away from those who want to be customers."

These remarks came from President Reagan at his Press Conference on Friday, March 6, 1981, in response to a question of national priorities vis-a-vis White House policy on drug abuse. This statement in my judgment, represents a somewhat belated

federal awareness of the role of prevention/intervention in terms of stopping substance abuse.

To date, the bulk of the federal government effort vis-a-vis prevention has manifested itself through the visits by the President's wife, Nancy Reagan, to various drug prevention and treatment programs. These visits are welcomed since they provide the only federal peek through our "domestic window of vulnerability." On the other hand, Mrs. Reagan's visits can be seen as raising false expectations with respect to service delivery. The federal government simply has not provided the kind of advocacy, be it economic or psychological, necessary for programs to deliver adequate service.

To date, all that the New York City Public Schools have received from the federal government have been copies of a comic book geared towards drug prevention to be utilized in the fourth and fifth grades. It might be added that while New York State has been fairly supportive, funding levels for school-based prevention have decreased from appppproximately $18.5 million in 1972 to $13.1 million for FY 1983-84.

While the federal government has not been forthcoming in its assistance to prevention programs, New York City has created the most comprehensive model of school-based prevention/intervention programs functioning within grades 1-12. To my knowledge, there is not another city in the country with this kind of enlightened comprehensive approach. New York City would be delighted were the federal government to use some of its resources to share New York City's expertise with other large centers.

Schools represent a microcosm of society. We can hypothesize that if school systems are strengthened, young people will accrue some of that strength. Towards that end, the New York City Board of Education will be attempting to institute far-reaching programs ranging from day-long kindergarten to specific programs aimed at preventing high school dropouts. Staff development programs will be instituted that will attempt to restructure the learning climate of the classroom. In addition to meeting their major mandate, that of assuring that children develop cognitive skills, schools will focus their attention on affective learning as well. One can assume that young people who have a good sense of themselves, who have been nurtured and respected in classrooms, who are concerned about their welfare as well as the welfare of their classmates, who are able to relate to their feelings positively, and who are

gaining skills that will enable them to self-actualize at a rapid rate are less likely to turn to drugs as a vehicle of escape.

I hope that the Select Committee will be of assistance to the New York City Public Schools in the following ways:

Urge the federal government to develop an on-going evaluation program. On-going evaluation is vital in determining whether a program is achieving its goals. Evaluation, if it is to be meaningful, must be built in to the design and conducted on an on-going basis.

In my judgment, the New York City School-Based Drug Prevention Programs are relevant to and can be replicated by, almost all school districts throughout the country. In order to do this, however, the National Institute of Drug Abuse must provide a greater advocacy and coordination role. After having identified those programs that appear to be working, NIDA must create mobile teams of technical assistance. These teams should be utilized throughout the country and, in my judgment, should focus on in-depth training and workshops. Clearly, this way, specialists can be plugged in at any point from pre-proposal writing to on-going supervision and evaluation.

Our programs have, from a funding point of view, been nickled-and-dimed to death. Our funding has been cut more than 30 percent over the years. Our staff has been equally slashed and the number of students we are able to reach becomes fewer each year. The extent of the problem, on the other hand, remains constant. Given contractual obligations and inflation, school-based programs are reaching a smaller population each year.

Yes, I would like to see some federal monies pumped in for school-based drug and alcohol prevention services. I firmly believe that every young person in every school needs the opportunity to sit with his peers in a structured setting and share feelings, concerns, and develop problem solving skills under the leadership of a trained drug abuse prevention counselor. In my judgment, this would greatly facilitate the whole learning situation.

Over the past several years, there have been some attempts to coordinate efforts and strategies on the part of law enforcement agencies, the Board of Education and other related service groups. But, since drug abuse in this society is so complex and so diffused, I am strongly recommending to this Committee that more work in this area be accomplished.

I appreciate it very much to have been given the opportunity to testify before this distinguished group. I have attempted in my testimony to respond as best I can to the written request of the committee. I look forward to answering any questions you may have at this time.

NYC SCHOOL-BASED SUBSTANCE ABUSE PREVENTION and INTERVENTION PROGRAMS

1982

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FOREWORD

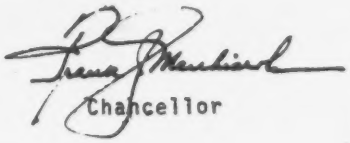
This publication marks the beginning of the second decade in which School-Based Substance Abuse Prevention and Intervention Programs have worked to meet the threat which drug and alcohol abuse pose to our children. Today, in every community school district, as well as in the New York City high schools students vulnerable to substance abuse are receiving counselling.

In the last 10 years, the Substance Abuse Programs have matured tremendously and as a result hundreds of thousands of children and their families have been helped. However, the fight against substance abuse cannot be fought alone. Realizing this, the programs have become the core of a network of prevention and intervention, which includes community school boards, superintendents, principals, parents, teachers, community residents, community agencies, state and local governmental officials, and, of course, the Central Board of Education through the Chancellor's Office and the Office of Funded Programs.

In the decade to come the School-Based Substance Abuse Prevention and Intervention Programs must continue to provide this necessary service in our schools. We must be able to assure the emotional and physical well being of our children if we are to meet our primary responsibility to educate.

This publication, therefore, is dedicated to all the people who serve in and for the programs. More importantly, it is dedicated to the children in the hope that they will realize their worth and achieve their full potential.

Sincerely,



Chancellor

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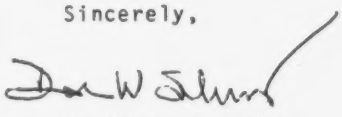
ACKNOWLEDGMENTS

As the Chancellor's representative for the School-Based Substance Abuse Prevention and Intervention Programs, I have had the good fortune to work with Community School Board Members, Community Superintendents, Executive Director of High Schools, Drug Directors and selected Central Headquarter's staff, with one common purpose; i.e., the elimination of substance abuse among school children. I should like to acknowledge District Council 37 for their support and for providing resources which make the printing of this brochure possible.

I would like to extend special acknowledgment to Ms. Betty Hill, Drug Director, District 30; Mrs. Leah Koenig, Drug Director, District 18; Mr. Talbert Thomas, Drug Director, District 3 and Mr. Levander Lilly, Sepcial Assistant, Alcohol and Substance Abuse Prevention and Education Programs for their tireless efforts and highly skilled input in the prepara tion of this brochure.

It is our hope that you will find this brochure both useful and informative in understanding the day to day operations of the New York City School-Based Substance Abuse Prevention and Intervention Programs.

Sincerely,



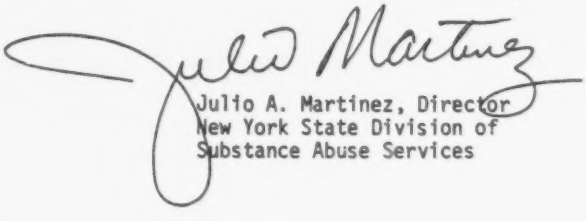
David W. Schmidt
Chairman
Chancellor's Citywide Task
Force on School-Based
Drug Abuse Programs

MESSAGE FROM THE DIRECTOR
NEW YORK STATE DIVISION OF SUBSTANCE ABUSE SERVICES

The rise in the use and abuse of chemical substances, both licit and illicit, by our youth is a grave concern to the Division of Substance Abuse Services. We know the damage to young lives and the loss of productivity to society caused by the abuse of marijuana, alcohol, narcotics, stimulants and depressant drugs. Our concern has expressed itself in the Division's commitment to fund and assist school and community based programs offering prevention and treatment services to our citizens - especially our young people.

The network of school-based prevention programs throughout New York State has been in the vanguard in providing necessary services of information, education and intervention to students to enable them to mature and gain the proper perspective on the issue of substance abuse. The school-based programs in the City of New York have been and remain an integral part of this network and are to be commended for their efforts to meet the service needs of this vulnerable population.

As we face a decade of uncertainty, especially in the area of our nation's economy, it becomes increasingly more important for government agencies at all levels to work cooperatively to attack the problems facing society. The Division of Substance Abuse Services pledges its continued cooperation with the Board of Education of the City of New York in an effort to provide our children with a future free from the hazards of substance abuse. In turn, we ask the support of the Board to ensure the success of our mutual endeavors.



Julio A. Martinez, Director
New York State Division of
Substance Abuse Services

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(1)

BACKGROUND

Scope of the Problem

In the Spring of 1981, the New York State Division of Substance Abuse Services (DSAS) conducted studies to determine the extent of new incidence of substance abuse among New York State residents. The results of those studies revealed that approximately 482,000 people began using such substances as cocaine, marijuana, heroin, psychedelics, PCP, and/or inhalants. Equally as startling is the fact that approximately 513,000 people began abusing licit substances such as analgesics, barbituates, tranquilizers, stimulants, anti-depressants, and/or cough medicine with codeine. Further analysis led to the discovery that of all the new substance abusers found in New York State in 1981, 381,000 were found in the 12-19 year-old age group. What this means is that of all new substance abusers found by DSAS in Spring 1981, fourty-one percent can be categorized as "Youthful Substance Abusers." Couple this with the fact that there has been an alarming increase in the abuse of Cocaine and PCP, also known as "Angel Dust," among our youth, and one begins to realize that despite the heroic efforts of law enforcement agencies, the courts, community-based organizations, and the school-system, substance abuse remains one of society's major health problems.

A most significant aspect of the youthful substance abuser problem is the depth and breadth of alcohol abuse among youth. According to reports published by the National Institute on Alcoholism and Alcohol Abuse (NIAAA), alcohol is the most abused substance of all. In fact, alcohol's abuse includes not only the abuse of the substance itself, but it is also one of the most commonly-abused sustances used in conjunction with other drugs. This combination, known as "poly-drug abuse," has been a major contributor to the permanent physical and/or mental damage of its victims.

The problem of substance abuse among youth is nothing new to New York City. As far back as 1972, a New York Times editorial quoted then Comptroller Abraham Beame as labelling some schools as "... market places for drug sales." The Fleischman Commission Report of 1972 revealed that in New York City forty-five percent (45%) of the students in grades 10 through 12, and twenty percent (20%) of those students in grades 7 through 9 were using psychoactive drugs. The New York Times article further explained the Fleischman Commission findings by stating that the aforementioned percentages included " ... both drug abusers and recreational users - meaning people who smoke marijuana or take some other psychoactive drug on an occasional basis." Moreover, according to the article, the Fleischman Commission figures do not include those students " ... who have merely experimented with drugs - that figure is substantially higher."

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In July 1981, The New York Times in two articles that appeared on consecutive days reported that nearly all teen-agers in the New York metropolitan region have come to regard illicit drugs as commonplace.

The Times survey of more than 1,000 high school students in New York City and its suburbs, and dozens of interviews with parents, drug counselors and teen-agers themselves reveal that today's students are more immersed in the drug culture than any before them have been and at a far younger age.

The Times further reported that even if they have never smoked marijuana, taken pills that were not prescribed for them or used cocaine themselves, most young people know someone who has. Drug use is all around them from the men who offer marijuana cigarettes in midtown Manhattan to the neighborhood parks where marijuana smoke is ripe on the breeze from the adult who takes tranquilizers to cope with daily stress to the movies in which the punch line is cocaine or quaaludes.

The result has been the increased acceptability of drug use over the last decade, making it a rite of passage for many teen-agers, the difference between being part of the crowd and an outsider.

The Times also reported that youngsters who smoke marijuana today have no difficulty in getting it, little guilt and almost no fear of being arrested.

Youngsters who do not smoke often feel substantial peer pressure to join in. Parents may not mind, or may look the other way, in fact, one in 20 of those surveyed by the Times reported that their parents smoked marijuana themselves.

The perception by students of illicit drugs as commonplace and the tendency for adults, parents and sometimes even school personnel, to look the other way, argues more than ever before the need for prevention and education services in the schools.

Responding to the Need

As far back as 1968, the problem of substance abuse had reached alarming proportions. Treatment centers were taking in as many, if not more, new clients than they were graduating as rehabilitated ones. Treatment was obviously not enough. Concerned legislators began to realize that an effective response to the problem must involve education and prevention. The school system was the most likely domain to house a comprehensive network of such services.

In 1969, some Community School Districts and high schools had appointed Narcotics Coordinators whose responsibility it was to establish prevention and early intervention programs in the schools. These pioneer positions were to remain in effect on an experimental basis for the next two years.

In 1971, then Governor Nelson A. Rockefeller, exercising the right of Executive order, made available $65 million for Youthful Drug Abuser Programs and incorporated Article 83 - "Local Drug Abuse Services" into the existing New York State Mental Hygiene Law. Local educational agencies could then apply for School-Based Drug Abuse Prevention Program funds. These programs were to develop prevention-intervention-and education approaches in dealing with substance abuse among school-aged children.

All thirty-one[1] Community School Districts, high school programs through the Division of High Schools (SPARK), the Central Board of Education, the Archdiocese of New York, the Diocese of Brooklyn and Hebrew Day Schools in New York City submitted proposals based on the needs of the specific community/and or target populations their programs would service.

Funds were approved by the New York State Narcotics Addiction Control Commission (NACC)[2] and transmitted to the New York City Addiction Services Agency (ASA), whose responsibility it was to allocate funds, monitor/evaluate programs, provide staff-training, and act as liaison between the State (NACC) and the local education agency. The New York City School System had officially entered the war against substance abuse.

It must be noted that the original Youthful Drug Abuser Program Legislation did not include alcohol abuse as a problem with which to be dealt. Legislators viewed alcohol and drug abuse as separate problems. It was the staff of the School-Based Substance Abuse Programs, however, who realized the need to address these problems as one. Staff argued that the programs were " ... the most logical and most viable mechanism for implementing an integrated alcohol and drug abuse prevention and intervention concept." In fact, the programs adopted this concept from their inception. Beginning in April 1978, the newly-created New York State Office of Alcohol and Substance Abuse (OASA) contained a separate unit whose task it was to coordinate the efforts of alcohol and drug prevention programs. Since 1978, prevention services have undergone both administrative and programmatic changes. The 1978 reorganization of the Department of Mental Hygiene created the Commission on Alcoholism and Substance Abuse Prevention and Education (CASAPE), which, along with the separate Division of Substance Abuse Services and Alcoholism/Alcohol Abuse, comprised a new Office of Alcoholism and Substance Abuse. CASAPE expanded school-based prevention services to include prevention of alcohol abuse as well as drug abuse. In 1980, the functions of CASAPE were transferred to the Division of Substance Abuse Services. The Division currently administers school-based alcohol and substance abuse prevention programs.

1. District 32, Brooklyn was created in 1973, at which time it applied for and received funds to conduct a School-Based Drug Abuse Prevention Program
2. Former name of the Division of Substance Abuse Services (DSAS).

Resources Provided For New York City

Funding for the School-Based Substance Abuse Prevention and Intervention Programs has been as follows:

1971-72 ------- $18.5 million

1972-73 ------- $15.5 million

1973-74 ------- $15.3 million

1974-75 ------- $15.3 million

1975-76 ------- $14.8 million

1976-77 ------- $12.028 million

1977-78 ------- $12.054 million

1978-79 ------- $12.029 million

1979-80 ------- $12.534 million

1980-81 ------- $12.534 million

1981-82 ------- $13.153 million

Although the number of children eligible for program services has increased, the fiscal cuts experienced by the programs since their inception have resulted in a diminution in the availability of services. In particular, many programs have been forced to sacrifice the prevention aspect of services offered in order to maintain an adequate level of intervention services. It must be noted that services at the elementary school-level, where prevention is the major thrust, have been most severely affected.

MOVING TOWARD PREVENTION

As society's awareness of the scope of substance abuse among youth began to increase, legislators reacted by introducing and passing laws which prohibited the sale of volatile substances to minors, curtailed the use and distribution of certain amphetamines and barbiturates, and imposed severe fines and/or lengthy jail terms on those possessing illicit drugs.

The school system responded in kind. Prior to implementation of programs, the thrust of prevention was primarily pharmacological. Children were told of the devastating effects to the body by heroin, LSD, marijuana and other such drugs. Audio-visual materials graphically depicted the sordid life-and-death styles of addicts. Guest speakers, many ex-addicts themselves, were addressing assembly classes and recounting personal experiences. There were other such "scare techniques" employed in the hope that children would realize the dangers of drug abuse or drug addiction.

Numerous studies demonstrated that while students were interested in such knowledge, some actually began to experiment with dangerous substances as a result of such experiences. Program staff members began to realize that this approach was not sufficiently comprehensive. It was recognized that to be effective, Substance Abuse Prevention had to utilize an affective, humanistic approach which viewed the abuse of substances not as the problem, but as a symptom of other mental health problems. The programs had turned the corner in the fight against substance abuse.

Today, one finds that each program still reflects the individual needs of the community's target population. Staff members have been trained, and continue to be trained, in detecting symptoms in youngsters which may lead them to alcohol/drugs. Truancy, adolescent street crimes, dropping out of school, involvement in street gangs, running away from home, involvement in school and community vandalism (a crime which reportedly costs taxpayers approximately $600 million a year - the figure for the schools alone is approximately $12 million a year.) poor peer relationships, poor family relationships, poor academic achievement, promiscuity - and its related effects of increased adolescent prostitution and increased teenage pregnancies and venereal disease, among others.... are typical behaviors with which program staff members deal on a regular basis. Introducing the affective, humanistic approach, and linking substance abuse to other manifestations of self-destructive behavior has been one of the most significant accomplishments of the New York City programs.

THE STAFF

Personnel employed in School-Based Substance Abuse Prevention and Intervention Programs bring with them a diversity of backgrounds and experiences which help enhance their ability to deal with a complex student/parent population. The programs' flexibility of structure allows staff to deal directly with a problem as quickly as that problem arises. Whether the handling of the problem involves an informal "chat," or a series of visits to the child's home for intensive family counseling, the staff of the school-based programs is ready, willing and able to meet its responsibilities.

Staff members are specialists in substance abuse prevention and intervention techniques and skills. Their training includes skills in group dynamics, group process, interviewing, family counseling, and affective education. As part of ongoing training, staffs meet on a regular basis to share successful practices, discuss particularly difficult situations and listen to and learn from other experts in the substance abuse field and related areas. During the past 11 years, staff members have been involved in training with DSAS, the Adelphi University National Training Institute, Fordham University, as well as many other metropolitan area colleges and universities.

Staff in the programs must be screened and approved by the New York City Board of Education's Division of Personnel as well as other appropriate city and state agencies. They come from a wide range of disciplines: education, sociology, psychology, public health, counseling, physical education, the therapeutic community, and pharmacology; and include people from the community, who have a unique ability to work effectively with parents and students. This blend of personnel has proven to be a major asset to the programs.

The unique contribution of the programs is that they are integral parts of the school system, that while they focus primarily on substance abuse, they address the entire spectrum of negative behavior. From this position and with this perspective, staff can identify students who are vulnerable, and situations which are conducive to substance abuse. Working as advocates for students, and using peer interaction, staff can explore the nature of destructive behavior and marshall the ego-strength of each individual, together with available supports of the school and community, to direct the student into positive channels. Program staff efforts complement those of guidance counselors, health educators, attendance teachers, behavior counselors, school psychologists and school social workers. Together, these groups have become a vital support network in the schools.

SERVICE GOALS

All the programs function according to the needs of their specific communities/target populations, many goals and objectives identified by some are reflective of all. These common goals/objectives include, but are not limited to, the following:

Long Range Goals

To help students develop confidence in themselves, and take responsibility for their actions so that they will not resort to the abuse of licit or illicit substances in order to "cope."

To identify those students who are experimenting with and/or abusing licit or illicit substances and intervene in their lives so as to effect positive changes in their behavior pattern and attitudes.

To involve intimately the students' families in the above processes.

Short Range Goals

To continue to provide direct services to children/families in need.

To continue to alert the school and surrounding community to the existence of those services provided by the individual programs and to act as a primary resource to the schools/community in the area of substance abuse prevention/intervention.

To continue to increase the channels of communication among parents, school administrators and other resource agencies in respect to the substance abuse programs.

To continue to update staff-training so that the best possible services may be offered to the children/families involved in the programs.

To continue to expand and facilitate the avenues of referral to outside agencies such as mental health centers and therapeutic treatment centers.

To continue to establish procedures in refining the identification process of prospective students in the programs.

To continue to evaluate/assess carefully all actions taken by program staff to assist students/families serviced by the programs.

To continue to support the in-depth evaluation of each of the 33 programs, in light of the changes in funding levels, population shifts, and other considerations.

To continue to network with federal, state, local and private agencies to secure resources and services for program participants.

METHODS AND APPROACHES

Although the programs vary according to the needs of their respective communities, there is an underlying similarity in their prevention and intervention approaches.

Intervention

The goal of intervention services is to reduce the use and/or the possibility of substance abuse in students who are sending signals in various forms that they are potential abusers. They may already be experimenting with drugs, truanting, failing, getting into trouble or exhibiting other patterns of destructive behavior. The approach is to make them aware of the consequences of their behavior and to provide alternate modes of coping with their school, social, community,and home life.

To illustrate, let us look at the prototypical case of Marcia G., an eighth grade student in one of our junior high schools. Marcia was referred by her home-room teacher to the school's Substance Abuse Program staff member, Randy, because of a pattern of truancy and disruptive class behavior. After holding conferences with the school principal and school guidance counselor regarding Marcia, Randy ascertained that prior to the current academic year Marcia had been a student with average academic ability. She had recently begun to display an increased interest in an active social life. At the time of the referral Randy was already providing prevention service to Marcia's class. Following a film presentation on teen-age coping skills with Marcia's class, Randy was able to initiate an individual conference with Marcia based upon questions which she had raised during the discussion following the film. At the conference Randy gained a better understanding of Marcia and the particular problems with which she was struggling. Because of the open and non-judgemental atmosphere that Randy has established during class presentations, Marcia readily accepted a plan to work with him to explore her problem. Following consultation with Marcia's teacher, Randy scheduled a formal screening session. At the intake session, Marcia began to reveal an inkling of some of her problems. Randy began to develop a service plan which he would subsequently utilize as a guide to assist Marcia. Marcia was a physically mature girl of thirteen. She was experiencing some stress between herself and her mother who had recently gone to work for the first time in several years, and she was becoming increasingly more involved with a group of older adolescents who were using marijuana and alcohol as a regular part of their socializing activities. Moreover, she had begun to regularly keep company with one member of the group, a sixteen year old boy, over the strong objections of her mother.

To further complicate matters, Marcia indicated that she was under considerable pressure to get "high," she had begun to experiment with marijuana and alcohol. With Marcia's knowledge and cooperation a meeting was scheduled for her mother to meet with Randy. As a result of meeting with the parent, Randy was able to complete a service assistance plan. The long-range goals which Randy established in cooperation with Marcia and her mother were to eliminate substance experimentation, to explore positive alternatives for socialization and for Marcia to graduate from junior high school with her class. Marcia and her mother agreed to Marcia's short-term placement in the Alternative School of the district's substance abuse program. There an intensive assistance program would be implemented to help Marcia decrease her truancy and increase her academic standing. In addition, Marcia would become a member of a student support "group" and participate in regular group discussions in a non-threatening, supportive and judgement free environment with other young people of her own age. There, Marcia would talk openly and examine the drug and alcohol issue. Marcia's progress would be monitored and followed-up on a regular basis by the program staff person.

Types of Intervention Activities

Individual Assistance

This activity is designed to assist "high need" students on a one-to-one basis, by means of establishing a positive, trusting relationship. The student might be seen for a limited time and because of an immediate, situational problem; or on a continuous basis of regularly scheduled meetings for sustained problems.

Group Assistance

This is a regularly-scheduled activity involving a small number of students. The sessions are goal oriented and focus on skill development in these areas: communication, problem solving, decision making, conflict resolution, values clarification,assertiveness, and self-awareness.

Family Assistance

These regularly-scheduled sessions, help individual family members develop into one mutually supportive unit.

Alternate School

This activity, offers an alternate educational/counseling setting and structure to students who manifest more serious forms of maladaptive and/or self-destructive behavior such as, but not limited to, substance abuse.

The innovative feature of the alternate school is that in a non-threatening self-contained setting, affective education is fused with the traditional cognitive curriculum.

It is the ultimate goal of the alternate schools to help the student develop sufficiently so that he/she can be mainstreamed back into the regular school environment as quickly as possible.

Referrals

Referrals are made to other in-school support services or outside agencies when program staff determine that the child would be more appropriately serviced. Decisions are made after consultation with Pupil Personnel Team staff, school administrators, and, of course, the child's parents.

Prevention

This service reaches the general non-high-risk school population and is concerned with the development of an integrated sense of personal identity, self-esteem and self-understanding, as well as communication, problem solving and decision-making skills to provide positive alternatives to the use of substances.

Rap Groups

These are discussion groups dealing with specific problems and issues which escalate the risk of alcohol and substance abuse. Topics are wide-ranging but focus on self-esteem, peer pressure, communication skills, and values clarification. The groups also provide structured exercises which are learning experiences to enhance the social and psychological development of the students.

Peer Leadership

These activities are designed to develop a group of students with leadership qualities who will disseminate information concerning the program, serve as role models, encourage self-referrals to the intervention component, and run activities and events designed to further program goals and objectives.

Classroom Presentations

These activities involve an entire class in examining drug abuse issues, in developing an integrated sense of personal identity, self-esteem and self-understanding, and in developing skills in basic communication, problem-solving and decision-making.

Assembly Programs

Program staff utilize school assembly periods to disseminate information about the program and provide factual information concerning alcohol and substance use. Additionally, guest speakers from community drug treatment programs may be utilized.

Positive Alternatives

These are experiences of an athletic, interpersonal, social, cultural, and creative nature. They encompass sports, drama, photography, cooking, gardening, arts and crafts, cultural trips, and career planning. These activities are utilized as a carefully integrated supplemental service with other activities.

Community Presentations

These sessions are designed to familiarize interested community groups with concerns, theories and issues of drug abuse and introduce them to techniques used in developing communication, problem-solving, and decision-making. These presentations facilitate networking with other organizations.

Parent Workshops

These workshops are designed to familiarize parents with issues in drug abuse and develop parenting skills in such areas as communication and conflict resolution.

Teacher Training

These sessions are designed to familiarize teachers with issues of drug abuse, sensitize them to recognize drug problems among students, and develop skills in dealing with drug abusing students and learn affective techniques in order to humanize education.

THE RECORD

In their eleven year history, the School-Based Substance Abuse Prevention and Intervention Programs have serviced hundreds of thousands of students, parents and families.

During the 1980-81 program year, data collected from the programs indicate that 15 percent of the school population received intensive services individual, group and/or family counseling.

Refunding Efforts

Community School District/High School Programs

In the spring of 1972, after only one year of existence, the thirty-two NYC Community School Districts and the Division of High Schools, SPARK, had resubmitted proposal applications for funding under the NYS Youthful Drug Abuser Act. At that time, the programs were informed that $60 million of the proposed Statewide allocation had been removed from the State Budget by the Governor. Armed with that news, community school board members,community superintendents, community residents, parents, school staff members and program staff reacted immediately by sending a small delegation of representatives to Albany. The group's purpose was to request a legislative hearing. This request was honored.

After the hearing, a mass communication effort was established. Letters and telegrams were sent; telephone calls were made to the Governor and selected legislators urging restoration of the funds. As a result of these combined efforts, the programs were refunded for Fiscal Year '73.

In the fall of that same year the directors of the Drug Programs decided to organize their efforts by meeting regularly to discuss mutual concerns. This group was to become known as the NYC Coalition of School-Based Drug Program Directors.

By mid-winter, 1973, it was learned that program refunding was once again uncertain. The Coalition, along with concerned members of the schools and communities, traveled to Albany to meet with legislators.

Through these efforts and with the cooperation of hundreds of other people, the programs were refunded for FY '74. The allocation, however, was further reduced from $15.5 million to $15.3 million.

When refunding was once again threatened in January 1974, representatives from the school districts, and the Division of High Schools, SPARK, returned to Albany to urge legislators to continue funding the program. Once again, however, State-wide budgetary constraints forced further reductions in the programs' allocation.

During 1974, as in previous years, the programs learned that the monies for FY '75 were in jeopardy. Letters, telegrams and telephone calls to the Governor and legislators followed by meetings brought positive results. Again, the programs were refunded and, for the first time in three years, the programs suffered no allocation reduction.

In fiscal year 1979-80 the programs suffered the greatest funding set-back in their short history, and it was not until the State Legislature restored the funds in the State Budget that programs were allowed to continue to operate. Following this fiscal threat, the support and appreciation on the part of parents, community leaders, civil organizations, school officials, Board of Education and elected officials were more visible than ever before.

(It is to be noted that all expenses for these early efforts and subsequent ones were borne by private citizens, school district personnel, parents, and program staff from their personal resources. At no time have public funds been used in the refunding efforts for the programs. Rather, it has been the strong belief in the programs that has led all concerned parties to underwrite these efforts from their own funds.)

Today, community school board members, community superintendents, Central Board of Education personnel, program directors, the New York City Coalition of School-Based Drug Program Directors, school personnel, parents, and community residents remain an integral part of the programs' successes; successes which are significantly more than merely being refunded.

Creation of Task Force

In the year 1975 when indications revealed that the State Legislature might drastically reduce funds for the continuation of these programs, the Central Board of Education, through its Chancellor, established a Task Force to coordinate all refunding efforts for the School-Based Programs. This Task Force was chaired by the Assistant Superintendent, Office of Funded Programs, who was selected by the Chancellor as representative. The Chairperson of Community School Board 16, and the Chairperson of Community School Board 27, represented the Consultative Council.

The Task Force, composed of representative district/central program directors, the Chairman of the NYC Coalition of School-Based Drug Program Directors, community school board representatives, and selected Central Headquarters staff was successful in achieving its goal. Program year 1975-76 saw the State Legislature appropriate $14.8 million for School-Based Substance Abuse Programs. Reflecting a reduction from the $15.3 million appropriated to 1974-75, the $14.8 million figure represented a major accomplishment for the members of the Task Force and others who assisted in the funding effort.

It was through the efforts of the Task Force, among others, that programs for 1977-78 were not only spared an anticipated 30-40 percent reduction in their allocation, but also received more funds than in 1976-77.

In program year, 1977-78, the Director of the Monitoring Task Force, joined the Chancellor's Task Force. It is the responsibility of the Monitoring Task Force, which is part of the Office of Funded Programs, to visit all reimbursable programs and monitor program efforts in regard to contractual compliance. Monitors review timekeeping records and procedures, student/adult ratios, client capacities, staffing patterns, and activities offered, among other responsibilities, objectives and descriptions found in the programs' proposals/ contracts.

Reports of the monitors to the Task Force have bolstered the credibility of the management of the programs and have given measurable indicators to the public and to legislators who follow the progress of the programs with interest.

Expansion of Responsibilities of the Task Force

The Chancellor's Task Force on School-Based Substance Abuse Prevention and Intervention Programs has assumed a major leadership role for the substance abuse programs of the New York City Public Schools. Since he became Chancellor in 1978, Frank J. Macchiarola has demonstrated his commitment to the programs by appointing one of his special assistants as chairman of the Chancellor's Substance Abuse Prevention Task Force, and the Task Force has become recognized as the focal point for addressing major issues affecting the programs. In addition, for the first time, a full-time Special Assistant was appointed to be in charge of Citywide Coordination of School-Based Prevention Programs.

The Task Force has maintained a rotating and diverse membership policy so as to receive the benefit of the thinking and expertise of as many program directors, community school district officials and Board of Education personnel as possible.

Broadened Objectives and Accomplishments

Besides its successful participation in refunding efforts for the School-Based Substance Abuse Programs during the past 11 years, the Chancellor's Task Force has also been instrumental in a number of other major accomplishments benefitting the programs. These accomplishments include but are not limited to, the following:

Task Force as Clearinghouse

City and state drug abuse agency staff, legislators, and others have come to recognize the Task Force as the group that acts as a liaison with the community school districts, the Division of High Schools, selected Central Headquarters Offices and bureaus, State Division of Substance Abuse Services and other related agencies.

Reevaluation of Positions

The Task Force is engaged in the on-going review of titles and positions in the Substance Abuse Programs. At the present time, licensure areas in administration and supervision for director and assistant director have been established. In addition, all Instructors of Addiction employees will be converted to Civil Service titles in the Spring of 1982.

Increased Technical Assistance

The Special Assistant in charge of Citywide Coordination provides on-site technical assistance, resources and liaison work to directors, superintendents and community school board members.

Cooperation with State Survey

The Task Force cooperated with the State Division of Substance Abuse Services in the design and implementation of the Statewide Drug Survey of Junior High and High School Students.

Research

The Task Force worked closely with the State in conducting the efficacy study of School-Based Substance Abuse Prevention Programs. The findings clearly revealed that programs have affected positive changes among students and their parents.

The Task Force participated with Fordham University in conducting an in-depth three year study that is sponsored by the National Institute on Drug Abuse (NIDA). Results of the study are expected to be available in the Spring of 1983.

Chancellor's Guidelines

The Task Force worked closely with the Chancellor's Task Force on School Safety in revising the Chancellor's Regulation on Alcohol and drug abuse.

Public Information

The publication of this report and other informational material as aids in explaining the objectives, achievements, and scope of the program.

Training

The Task Force works in conjunction with the Office of the Budget, Office of Funded Programs, Labor Relations, the Division of Public Affairs, and other appropriate offices in conducting annual and semi-annual citywide training programs for directors and assistant directors.

FUTURE

Funding

The Chancellor's Task Force maintains as one of its major objectives a level of funding that will enable programs to function adequately to meet the growing needs of students. This position is supported by the following reasons:

There is a documented increase in the abuse of substances among school-aged children, especially in the area of alcohol, phencyclidine (PCP), marijuana, pills and cocaine.

There is a significant increase in the abuse of substances among younger children in elementary grades.

Double digit inflation rates have produced rising costs in personnel, supplies and equipment.

Although the number of children eligible for program services has increased, the fiscal cuts experienced by the programs since their inception have resulted in a diminution in the availability of services. In particular, many programs have been forced to sacrifice the prevention aspect of services offered in order to maintain an adequate level of intervention services. It must be noted that services at the elementary school-level, where prevention is the major thrust, have been most severely affected.

CONCLUSION

The ultimate goal of School-Based Abuse Prevention Programs is the reduction of substance abuse among New York City students. Programs must now turn their attention and resources to a much younger population of students who have begun to use and abuse alcohol and other forms of drugs.

To meet the challenge of the 80's, it must be realized that substance abuse is just one phase of many complicated social problems. In addition, we are now facing a generation who have come to accept drugs as a way of life.

In their eleven-year history, School-Based Substance Abuse Prevention Programs have become an integral part of the school system. They have developed structure, approaches and professionalism, which has earned them national respect and credibility.

It is incumbent upon community, parents and elected officials to continue to work together to support the total School-Based Abuse Prevention Network.

Testimony of Francis A. McCorry, Ph. D., Before the Select Committee on Narcotics Abuse and Control

Chairman Rangel, Members of the Select Committee, Ladies and Gentlemen:

Thank you, Mr. Chairman and members of the Select Committee, for your invitation to present my views today on the national tragedy of youthful drug abuse. This is my third appearance before this committee and I would be remiss if I did not acknowledge the important contribution and unfailing efforts of this committee over the years, particularly those of the new Chair, Mr. Rangel. We in the field of substance abuse treatment and prevention applaud your efforts to bring this issue before the American people. All too often my colleagues and I have felt very much like the prophet crying in the wilderness. In the case of the Select Committee, those cries have not fallen on deaf ears.

I wish the same could be said for the Executive branch of the Federal Government. Unfortunately, the present administration has ignored the problem of drug use and abuse except as it manifests itself in the criminal justice and enforcement areas. Before I speak to the failed role of government, however, I would like to first address myself to prevention and the compelling need for an increase in prevention efforts.

Let me start by defining the parameters of substance abuse prevention programming since there are so many misconceptions about the term. A prevention program that is geared toward youth and the issue of potential or incipient substance use would have some of the following objectives and services:

To decrease the likelihood of a youth's initiation of drug/alcohol use through the dissemination of accurate information on the physiological and psychological effects of drug use. Much of the material used in this approach is cognitive in design and can be presented in a classroom or large group setting. In many prevention programs this educationally-oriented service is supplementary to the provision of more intensive, and ongoing prevention services. It is most unfortunate that the White House has selected this objective as its prevention priority.

To support a youth's continued non-involvement with drugs/alcohol through the provision of alternative activities that facilitate a youth's examination of developmental issues (e.g., peer pressure, sexuality, separation and individuation) and transitional issues (e.g., changing schools or communities) in light of the underlying and recurrent theme of substance use. Activities like peer group counseling, rap groups, and value clarification groups are examples of the type of programming designed to meet this objective. These activities are geared more to the affective than the cognitive, are delivered in small groups rather than large and are ongoing, i.e., meeting with the same group of youngsters over a number of sessions, rather than single-event oriented. Moreover, these services in most instances require a professional staff with skills in working with youth rather than volunteers with a willingness to help.

To decrease or at least arrest a youth's involvement with psychoactive substances through counseling in an individual, group, or family setting. The counseling, while working with the cognitive and affective domains, is primarily focused on the behavioral and directed toward behavioral change. This service is also ongoing, small group or individually-oriented, and of course professionally staffed.

To identify youths whose involvement with drugs/alcohol is beyond the scope of prevention programming and to refer them to appropriate treatment settings.

As you can see, the array of prevention services is extensive. The target populations run from the general to the very specific, from the not yet using to the already using too much and in need of treatment. Prevention is the only service modality that responds to the entire spectrum of users and non-users—to adults and children—in a multiplicity of educative and clinical roles.

There is an even more basic truth about prevention that has not been fully acknowledged: widespread, full-scale prevention programming offers the best hope to reduce the epidemic levels of substance use and abuse in this country. This statement does not mean to deny the valuable and necessary contributions of colleagues in the treatment and enforcement communities; however, the truth of the statement is undeniable from even a brief examination of the present usage and interdiction levels.

In New York State for example, which is a national leader in the funding of drug treatment and prevention efforts, the current estimate of heroin abusers numbers 241,000. There are an additional 1.17 million regular users of non-narcotic drugs. The total treatment population in this state, however, is 41,000—of which 33,000 are in methadone maintenance programs. Even if treatment services were to be dramatically expanded to assist the people presently most in need, there are even

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larger numbers of people who have used and continue to use psychoactive substances. What is to stop many of these people from further progression along the path of addiction? Certainly not a lack of availability of ilicit substances since enforcement officials admit that their best efforts reduce the amount of contraband material entering this country by no more than 10 or 15 percent. The logic of the matter calls for a reduction on the demand side of the supply and demand equation. To effect a decrease in demand will require widespread, low-cost programming which concentrates on populations most at risk of initiating use or at risk of increasing their use.

In a word-prevention—prevention that is ongoing, prevention that is diversified in its objectives, and prevention that is available in both schools and communities. There will be no dramatic reduction in what is becoming an enormous tragedy and a disgrace in this country until substance abuse prevention programs are operative in every school, every district, every community, and every city and town in America.

The problem of substance abuse in this country—among our youth, among the "first generation" users of the 1060's who are now the parents of our youth, and among the elderly requires an inspired leadership that recognizes the complexity of the issue as it fashions its response. It is most unfortunate that, despite President Reagan's words to the contrary about the importance of the issue, the White House has failed to lead. It has chosen as the centerpiece of its drug abuse policy education and enforcement. While it calls its education efforts "prevention," as stated earlier in my testimony, education is but one aspect of prevention—the least expensive and often the least productive aspect. A policy that overemphasizes education assumes that drugs are being used by kids because the kids are misinformed. Once they realize that drugs are bad for them, they will stop. Such an attitude is naive and simplistic. A youth's "decision" to use drugs, and I use the word advisedly, is often lost in a swirl of psychological and socio-environmental factors that are far more pressing and critical to the youth in terms of involvement or non-involvement than the accuracy of his drug knowledge. Facilitating emotional maturity by intellectually pointing out the "down side" of a behavior misses the major point of drug use in the first place: it changes your feelings about yourself, and about your world—however temporarily, however artificially. The Federal Government telling youngsters not to use drugs because they are bad for you is not much better than a parent telling a misbehaving child to grow up or you're going to get into trouble. For the youth the question remains: how am I to grow up, how do I learn new ways of handling these feelings, these recurring problems—and who is to help me learn them?

The Federal Government further limits any advantage that might be gained from its emphasis on information dissemination through a regressive formula for funding prevention services. In effect, what the White House has done in its ADM block grant is to reduce the appropriation level for any drug service and then set aside 20 percent of the lowered appropriation for prevention. Such a policy has led to waiting lists for treatment in New York State. Prevention can hardly be viewed as priority in a state with waiting lists. The need for a dramatic expansion of prevention services is clear. Equally clear is the need for expanded treatment. An individual who finally decides to kick his habit and take a chance on living again should not be told to come back in three weeks because there are no beds available. A funding policy that leads to waiting lists for treatment is wrong and must be rectified. A lack of funding commitment to preventing others from creating new waiting lists is short-sighted and also must be rectified. The continuum of substance abuse services—from prevention, through treatment and chemotherapeutic approaches is a cost effective, interdependent network of services that is chronically underfunded and in need of immediate expansion. It makes very good economic sense and excellent moral sense to prevent aggressively and unhesitatingly the use of drugs where possible, and to treat, with equal commitment, when necessary.

Thank you, again, for your invitation and attention.

Statement by Joan Ball, President New York State Congress of Parents and Teachers, Inc.

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Mr. Chairman. The PTA welcomes this opportunity to discuss what has been and is a major issue for PTA - the problem of drug abuse.

During the past fifteen years, more PTA programs and workshops have featured drug and alcohol abuse and drug and alcohol abuse prevention than any other topic. Parents and teachers, concerned about young people's experimentation with and abuse of drugs, have sat at meetings to try to understand why our children risk their mental and physical health by using illegal substances and abusing those that are legal.

We've listened to the students. We've included drug and alcohol education in the curriculum. We've exposed students to the tragedy of abuse. We've exaggerated the consequences. We've increased the penalties. We've factualized the consequences. We've lessened the penalties. How well any or all actions work depends upon who is doing the evaluating and reporting. We could make a case for all conclusions.

What cannot be disputed is that this is everyone's problem. It does not belong exclusively to the school. or the student body, or the family. It is a community problem and the entire community must be committed to eradicating this epidemic that has attacked our young. Education, peer pressure, building self-esteem, parental support, consistent rules and punishment all play a part in preventing drug and alcohol abuse. If we have learned nothing else, we have learned that prohibition and scare tactics are not the answers.

Our young people are not the cause; they are the effect. Part of the entertainment industry - the part sustained primarily by the young - sends messages about feeling good on drugs. Television commercials suggest our problems can quickly disappear with a little pill. Parents take pills for stress or anxiety. Celebrities, from all walks of life - sports, entertainment, politics - joke about being high.

Couple this all pervasive substance abuse with an absence of heroes, a lack of respect for almost all professions and advocations, the covert messages that we do not like or trust our young people and we start to understand why we have a problem. It is not enough to simply wring our hands or be thankful it is not our child. Parents had to and are fighting back.

In New York State, the PTA has joined with the NYS Division of Substance Abuse Services to bring together all groups that can contribute to solving this problem. The Citizens Alliance to Prevent Drug Abuse (CAPDA) was organized. Two statewide conferences and regional workshops have been held. Parent-network groups have been established and parents have been put in touch with communities that have started good programs. The National Institute of Drug Abuse (NIDA) joined the effort and provided expertise.

In cooperation with CAPDA, the Division produced a media campaign, "Open Your Eyes", aimed at getting people to seek help for drug abuse. Public Service Spots urged people to care - to call if a drug dealer was selling on their street corner - to call to ask for help if their child was involved with drugs.

The PTA took part in a conference on Children of Alcoholics, a conference aimed at providing help for these families and breaking the cycle of abuse of alcohol.

We have distributed guidelines for teenage parties and warning signs of drug abuse. The newest data on the dangers of smoking marijuana has been publicized. Copies of "Parents, Peers and Pot" have been made available and Keith Schuchard, the book's author, has met with many of our PTAs. Programs such as ARISE (Alcohol Responsibility in Students Everywhere) in Corning, CANDLE (Clarkstown Awareness Network for a Drug-free Life and Environment) in New City, RIGHT TRACK (an alternative to drug use group) in Tonawanda, Parent-networks in Nassau County, Students Against Driving Drunk in Suffolk County,A school district program to help students cope with the problems of alcohol or drug abuse, either their own or other members of their families, in White Plains, and so on, have been established.

In the 22nd Congressional District, PTA has joined Congressman Ben Gilman's Drug Advisory Committee. The Congressman has called together parents, businessmen, religious leaders, educators and law enforcement officials to fight drug abuse. The Committee has held several meetings and conferences and will distribute information about the services available to young people and adults. Next Fall, the group hopes to bring together teams of teachers, parents, administrators and students from school districts to talk about rules and procedures in regard to drug use and abuse.

The National PTA and its State Branches, has joined in a coalition with the Association of Junior Leagues, the American Association of School Administrators, Lions International, the National 4-H Council, the Pacific Institute for Research and Evaluation, and the Guest National Center to mobilize communities across the United States to organize town meetings

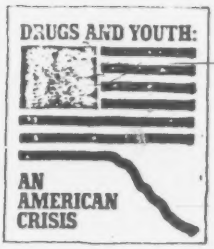
to watch "The Chemical People", a two-part documentary on school-age substance use and abuse which will be aired on PBS stations November 2 and 9. Part 1 will present facts about substance use and abuse. Part 2 will present communities with guidelines on forming grassroots task forces to prevent and fight substance abuse. Programs, to be announced later, will focus on improving communication about drugs and alcohol between family members. Although many communities in New York State are organized, this nationwide effort in November should add new areas looking at and trying to solve the problem of substance abuse.

Federal, state and local governments must provide the resources to wage this battle. We cannot afford not to. The Congress must provide adequate funds for the work of the National Institute of Drug Abuse. Disseminating findings on the harmful effects of drugs must come from a central place. The pamphlets we use to help educate parents must be available. Federal aid for state programs must continue. The State,through DSAS, provides help for communities and schools, NIDA provides training programs for people working with drug abusers. School districts and county governments must provide school-based counselors. Prevention programs must receive top priority for funding. If we are really serious about this desire to stop the abuse of drugs and alcohol, the agencies and programs that can help must have the necessary funding.

Talking and wishing will not get the job done. We must have a personal and financial commitment from the government and the people.

Thank you.

TESTIMONY OF GERALDINE SILVERMAN
MEMBER OF THE BOARD OF DIRECTORS OF THE
NATIONAL FEDERATION OF PARENTS FOR DRUG FREE YOUTH
AND
DRUG AWARENESS CHAIRMAN OF THE
MILLBURN TOWNSHIP PTA'S



U.S. HOUSE OF REPRESENTATIVES
SELECT COMMITTEE ON
NARCOTICS ABUSE AND CONTROL
CHARLES B. RANGEL, N.Y., CHAIRMAN

TRAFFICKING AND ABUSE OF NARCOTICS
AND
EFFORTS TO REDUCE DRUG ABUSE IN THE NORTHEAST

A recent Gallup poll reported that the teenagers of America consider drugs and alcohol the # 1 problem facing their generation. The problem for youth has reached epidemic proportions and has cut across all lines of race, color, religion, politics and economic backgrounds. It exists in wealthy suburbs, inner cities, small towns and isolated rural communities.

The two greatest reasons that have hindered this nation form dealing with the problem for the last decade are:

1. FAILURE TO RECOGNIZE THAT GOOD KIDS FROM GOOD HOMES DO DRUGS AND ALCOHOL. American parents have been made to feel that the only reason that they might have a drug and or alcohol problem in their family, is that there is something wrong with their family or with their child. This has caused wide spread denial---- NOT MY KID! NOT MY FAMILY!
2. OUR COUNTRY HAS BEEN MISLEAD ABOUT THE EFFECTS OF DRUGS FOR THE PAST 20 YEARS. Drug use has been described as "recreational", implying restorative value - good for you. It has been suggested as a means of having "fun" and a way to escape social and emotional pressures. Pro-drug lobbyists tell us drugs such as marijuana and cocaine are relatively harmless, if they are not abused. Even though tremendous personal and social losses have been documented we are still being told that the chances of serious consequences from drug and alcohol use are slim. This nation has been confused by the pro-drug message. At a time when positive action was needed to help the youth of our nation, we were immobilized by a lack of knowledge, self-doubt and indecision. As a result the gravity of this problem has become so serious that it threatens the future of this great nation.

THE EXTENT OF THE PROBLEM IN NEW JERSEY HIGH SCHOOLS

In October of 1981, former Attorney General James Zazzali of New Jersey released data on alcohol and drug usage in New Jersey high schools compiled from a survey taken among students ranging in age from 15 to 18 years old. The report stressed that the data gathered did not include teenagers who dropped out of school and had they been included in the survey the results would have been even higher.

The study noted that the two most regularly used substances were alcohol and marijuana. Nine in every ten students reported using alcohol at some time in their lives. More than three-fourths of the students who had ever used alcohol had done so in the past month whereas six out of every ten students surveyed reported using marijuana during the past month.

Approximately two-thirds of the students reported using illicit drugs at some time in their lives and just over one-third of them used only marijuana. Marijuana was clearly the most widely used illicit drug among New Jersey high school students with amphetamines following closely behind at 30.2%. Other common illicit drugs used in New Jersey schools were cocaine (16.6%), hallucinogens (15.8%), barbiturates (14.4%), and tranquilizers (13.4%). 2.2 % of students surveyed reported using heroin. *ONLY ONE OUT OF EVERY 20 STUDENTS REPORTED NEVER HAVING TRIED A DRUG.*

An increase in regular usage between grades 10 and 11, were reported for cocaine, hallucinogens and hashish. The number of students using marijuana practically doubled between 10th and 11th grades but seemed to remain constant through 12th grades.

Availability of drugs was a key factor in usage. Nine out of every ten students surveyed reported marijuana as being very available. Two-thirds of the students reported that amphetamines were easy to obtain while hasish, tranquilizers, barbiturates, cocaine and hallucinogens were reported easily available by half of the teenagers surveyed.

The report clearly indicated that drug and alcohol abuse is a major problem

among this State's youth and much needs to be done to offset this social detriment.

AVAILABILITY AND DRUG TRAFFICKING

President Reagan is so concerned that in June of 1982, he formed the Vice President's South Florida Task Force. Vice President Bush was given specific orders for South Florida to "keep pressure on that part of the country most vulnerable to drug smuggling." By July of 1982 the success of the Florida campaign became very evident in such banner headlines as the Newark Star-Ledger which screamed, "FLORIDA HEAT SHIFTS DRUGS INTO NEW JERSEY!"

The International Drug Trade had definately moved north into it's new port of entry. Over 56 tons of marijuana were seized last summer in a short space of 3 months. These seizures represented less than an estimated 20 percent of what was truly entering New Jersey.

New Jersey has a long history of smuggling, stretching back to colonial times. Organized crime also has a long history in New Jersey. The combination of a coast line almost 150 miles long, intricate inland waterways and an entrenched mob makes New Jersey ideal for drug smuggling operations. New Jersey also has the distinction of being the most densely populated state in the Union which makes for an almost unlimited supply of customers. One has only to read the daily headlines of our major newspapers in order to realize the mecca New Jersey has become for marijuana, cocaine and heroin. Our state is literally being bathed in illicit drugs.

HEALTH HAZARDS

In October of 1982, U.S. Surgeon General C. Everett Koop spoke at the first annual conference of the National Federation of Parents for Drug Free Youth. He stated, "Marijuana use is a major public health problem in the U.S. In the past 20 years, there has been a 30 fold increase in the drug's use among youth. More than one-quarter of the American population had used the drug. The age of which people first use marijuana has been getting consistently lower and now is most often begun in junior high school years."

There has been a growing awareness of the serious health effects of marijuana which was once perceived by youth as a "harmless giggle." For the first time the annual national survey of high school seniors has shown a decline of marijuana use which had risen relentlessly over the past ten years. Still marijuana use remains unacceptably high. In 1979 four million of our nation's 12 to 17 year olds smoked marijuana, while only 2,8 million smoked cigarettes. In 1981, seven percent of American high school seniors smoked an average of 3½ joints a day, whereas only 6 % of this group drank alcohol daily.

During each decade of the 20th century advanced scientific discoveries and medical knowledge have allowed Americans to enjoy better health and live longer with only one exception. Americans between the ages of 15 and 24 are dying at a 15% greater rate than they did a decade ago. Drugs and alcohol are the primary cause of teenage deaths due to accidents, suicide and murder, in that order.

Besides the mounting evidence of physical harm to developing youngsters the real threat that mind altering substances pose for youth is that it prolongs adolescence. At the same time a youngster should be exploring the balance between freedom and responsibility, drug dependence is a blinding agent. To grow, to develop, to achieve adulthood, adolescents must learn how to cope with the emotional teenage period. If they turn to marijuna, alcohol and other drugs, for fun or to ease anxieties they don't learn how to cope. Many blow away their troubles in a cloud of smoke and they blow away their dreams and chances of becoming mature and responsible adults and citizens of this country.

WHAT HAS BEEN DONE?

Last year, President Reagan announced a new strategy for government involvement to reduce international illicit drug production and trafficking to the United States. His personal involvement has been a great plus.

The National Federation of Parents for Drug Free Youth, a non-profit organization, came into existence three years ago and has organized more than 3,000 community and parent awareness groups across the nation. In more and more

homes across the country parents are deciding that adolescent drug and alcohol use must stop. They have joined together to take action. Bolstered by the latest scientific evidence of the true harm that drugs and alcohol pose for youth and motivated by love--parents are working on many fronts to make their homes, schools and communities drug free.

Our Fist Lady, Nancy Reagan, has given leadership and support to the parent movement. She has gone directly to the American public by visiting schools, treatment centers, addressing organizations, the private sector, appearing on T-V, and writing numerous articles. She actively speaks of her deep concern that we may lose a whole generation of our youth to drugs.

On a state level, the New Jersey Congress of Parents and Teachers was the first state PTA to adopt Drug and Alcohol Abuse as it's number one priority. The state PTA has been very active in the way of drug and alcohol legislation as well as promoting drug workshops.

On a local level, the Drug Awareness Committee of the Millburn Conference of Parents and Teachers has organized our community under the umbrella of the National Federation of Parents into a dynamic model for other communities in our state and nation to emulate. In addition to pushing state legislation concerning drugs and alcohol, educational programs for all adults in our community, providing literature, promoting programs and activities for junior and senior high students, hosting an annual drug prevention week which includes a community walk-a-thon, four years ago we developed a unique drug PREVENTION program (IT'S YOUR DECISION) aimed at 5th and 6th graders which is showing remarkable results on our present 9th grade level. We are sharing this program throughout our state and nation.

On a personal level, I have been presenting Parent Awareness Programs throughout our state and innovative drug prevention programs for 5th and 6th graders. To date I have seen over 10,000 elementary youngsters in New Jersey and can reassure you that they are bright, capable, energetic, young people who given the facts would like to help by "not using drugs."

WHAT NEEDS TO BE DONE

On a federal level, President Reagan's 1982 Drug Strategy which calls for the implementation of federal initiatives to meet the objectives in border interdiction, foreign policy initiatives and drug laws must be continued to be supported.

Two years ago we were threated with the dissolution of the Congressional Select Committee on Narcotics Abuse and Control. This is perhaps the most important committee in the U.S. House of Representatives and we would recommend that this committee be made permanent. The threat of a nuclear war pales in reality to the drug epidemic that is sweeping this nation, consuming our youth, devastating our economy, corrupting our politicians, weakening our armed forces and destroying the moral fiber of this great democracy.

* On a state and local level PREVENTION through drug education must be mandated and considered as important as the three R's. Drug education must begin in the elementary schools and reinforced throughout the secondary schools. Students must be taught the inherent dangers of drugs.

* School authorities must stop sticking their heads in the sand when it is obvious that students are using drugs while in school.

* Parents must be made aware and must face the fact that their children may be part of these statistics.

* Communities must become active in forming drug awareness task forces.

* The police must crackdown on sources and drug dealers must be punished severely.

* A lot more publicity on a federal, state and local level must be given to the drug problem.

There are no simple solutions or single answers to the drug problem, but I sincerely believe that by every segment of society working together, sharing experiences, information, alternatives, tactics that work and planning strategies for the future, we shall succeed because this is a war that we must win.

Geraldine Silverman

Geraldine Silverman

Board of Directors of the National Federation
of Parents for Drug Free Youth
Drug Awareness Chairman for the Millburn
Township PTA'S

NJEA REVIEW

The Report: Drug and alcohol abuse among high school students

A new State report shows that nine in every 10 students have used alcohol at some time in their lives. Approximately two-thirds of the students report illicit drug use at some time in their lives. Just over one-third of them have used only marijuana.

How prevalent is the use of drugs and alcohol in public schools? What types of students use them? These are just two of the questions that the State Attorney General's Office set out to answer in a survey whose results have recently been released.

The reason this data was even compiled can be accredited to a series of actions that have occurred over the last ten years. During the early 1970's, considerable interest arose to combat drug and alcohol abuse in public schools. In 1970, legislation had been passed requiring teachers to attend inservice workshops and mandating ten hours of drug education per year for all students in grades 7-12.

In 1972, a State law became effective stating that students be reported to school administrators when it appeared "to any teaching staff member, school nurse or other educational personnel of any public school in this State that a pupil may be under the influence of a controlled dangerous substance." At the same time, a 'save harmless' law became effective to protect personnel who took action under this.

That law, however, was not strictly enforced. Teachers and other school employees hesitated to report students who were suspected of drug abuse because no simple test existed for determining if a person was actually under the influence of a drug. Administrators often did not want their schools identified as having drug problems and, in some cases, attempted to cover up drug abuse. Some parents and physicians also were known to cover up in order to protect the child.

In the fall of 1979, former Attorney General John J. Degnan established a task force to determine the nature and scope of drug and alcohol abuse among high school students in this State. Task force members examined the number of students using alcohol and drugs and the frequency in which they used these substances.

It should be pointed out that although students responding range from 15-18 years old, the Attorney General's Office does not consider this data relative to those teenagers who may have dropped out of school.

The report shows that more than nine in every ten students have used alcohol at some time in their lives. Approximately two-thirds of the students report illicit drug use at some time in their lives. Just over one-third of them have used only marijuana.

Marijuana is clearly the most widely used drug among high school students with amphetamines following closely behind it. About 14.4 percent of the students surveyed report using amphetamines within the past month. Other common illicit drugs used are cocaine

(16.6%), hallucinogens barbiturates (14.4%), and tranquilizers (13.4%).

Only one in every ten students reports having snuffed glue or paint. Heroin use is the most infrequently reported; only 2.2% of the students report use at least once in their lives.

The Attorney General's Office wanted to know how many of the students who report using these substances are one-time experimenters as opposed to regular users. Only one in every 20 students has never used any drugs at all.

As suspected, the most regularly used substance was alcohol. More than three-fourths of the students who have ever used alcohol have done so in the past month.

The only other substance that a majority of the students used with any regularity is marijuana. About six of every ten students report having used marijuana within the last month.

Although students do not use other substances as much as marijuana and alcohol, the number reported is substantial. Responses to regular usage of amphetamines, barbiturates, hallucinogens, and cocaine range from 39 percent to 48 percent.

An increase in regular usage between grades 10 and 11, are reported for cocaine, hallucinogens, and hashish. The same holds true for heavy use of alcohol. The number of students using marijuana practically doubles between 10th and 11th grades, but then seems to remain constant through 12th grade.

Students' academic performances as it relates to drug use varies. No direct correlation exists between low and high achievers as far as the use of alcohol. However, the higher the self-reported academic performance, the lower the number of those students who reported using drugs.

The only difference in reported use of substances and sex of respondents is females tend to have used amphetamines more so than males. Then again, males are more likely to have used heroin or cocaine within the past year.

Prevalence and Recency of Use by Drug Type (Percent)

	Ever Used	Past Month	Past Year, Not Past Month	Not Past Year
Alcohol	91.2	70.2	17.4	3.6
Marijuana	61.4	36.1	15.7	9.6
Amphetamines	30.2	14.4	9.2	6.6
Cocaine	16.6	6.4	6.6	3.6
Hallucinogens	15.8	6.3	6.0	3.5
Barbiturates	14.4	6.1	4.1	4.2
Tranquilizers	13.4	4.0	4.3	5.1
Heroin	2.2	0.7	0.4	1.1
Glue	10.3			
Cough Medicine	5.7			
Methadone	4.5			
Aerosol	3.7			

Among the questions concerning students' usage of drugs and alcohol was how available the students perceive these drugs to be. Their responses could range from 'very easy' to 'probably impossible.' Those substances perceived to be 'very easily' available also are substances used by a higher percentage of teenagers. For example, alcohol and marijuana are reported to be available to virtually all students by nine of every ten respondents surveyed. Amphetamines are reported to be available by about two-thirds of the students. Hashish, tranquilzers, barbiturates, cocaine and hallucinogens are believed to be easily available by about half of those teenagers surveyed. These perceived availability statistics basically coincide with reported usage of each of the substances.

Although these figures may appear to be a little alarming, the Attorney General's findings do leave room for hope. Respondents were asked to identify factors which might prevent them from using alcohol and drugs. In all cases, fear of physical harm leads the list of preventive methods followed by fear of getting into trouble with the law and parental disapproval, respectively.

More than 77 percent of the students say that a fear of physical harm would prevent them from using drugs or marijuana. About two of every three students report fear of getting into trouble with the law would prevent drug usage, while more than half indicated that parental disapproval would definitely be a deterrent. Only one in every nine students report that nothing would prevent their using drugs.

The figures for preventive factors are not as high for alcohol abuse as for drugs, but the order of the factors that could cause the users to think twice remain the same. Some students even cite fear of getting bad grades would prevent them from using both drugs and alcohol.

When asked if they have ever 'gotten into trouble' because of drug or alcohol abuse, student responses varied according to the substance used. Teenagers using alcohol reported getting into trouble with their families more so than those who use drugs. The same holds true for getting into trouble with school officials. Only 5.5 percent of those students using drugs report getting into trouble.

There is not doubt about it; many high school students are abusing drugs and alcohol. The figures speak for themselves. At least, this report lends a little more insight as to who is using drugs, what kind of drugs they're using, and a few factors that could serve as the basis for preventive measures to be taken in the future.

NJEA has maintained an active role in addressing abuse of drugs and alcohol. The Association's position has been illustrated through representation on state committees examining data on this topic, lobbying with legislators and initiating a policy statement through the NJEA Youth Services Committee.

Results from the Attorney General's study supports the assumption—drug and alcohol abuse is a problem among this State's youth. Much remains to be done to offset this social detriment in New Jersey schools. □

PREPARED RESPONSE BY NEW YORK CITY COALITION OF SCHOOL BASED DRUG PREVENTION PROGRAMS FOR U.S. HOUSE OF REPRESENTATIVES

The following remarks are intended to underscore the urgent need we have in New York City for recognition of our serious drug problem and for funds to combat it.

The New York City Coalition of School Based Drug and Alcohol Prevention Program has worked closely with children, parents, school authorities, civic associations, unions and the state legislature. Our purpose during our 12 year existence has been to develop and implement the best possible programs to fight drug abuse. In the face of ever decreasing budgets, considerable effort has been expended as well, convincing our legislators not only to maintain but to broaden the scope of the school based programs.

The School Based Drug Prevention Programs were created to respond to an epidemic adolescent drug problem to which the traditional educational institutions have been generally ineffective. Today, after twelve years of development and despite an ever enlarging problem, notwithstanding dwindling funding resources, these programs have matured in competence and expertise. The Prevention Programs which are currently serving thousands of youngsters have direct access to a captive audience of students. We provide education, intervention and alternate schools. In addition, the programs educate the school personnel and community. The educational component provides students, teachers, parents and the community at large with factual information about specific drug substances while providing support services to those in the general population who are at risk of becoming substance involved. The intervention services counsel those who are presently experimenting, using, or at high risk. The alternate schools offer an alternate educational/counseling setting and structure to students who manifest serious forms of self-destructive behavior.

For the first group, the programs emphasize decision-making, problem solving, and communication skills to strengthen inner resources, averting students from a dependence upon chemical substances for the alleviation of boredom, anxiety, hopelessness, and other painful feelings. For students who are experimenting with and/or abuse substances, the programs provide individual, small group, or family counseling focusing on the consequences of their behavior, and exploring alternate ways of coping with life.

The unique contribution of the programs is that they are an integral part of the school system. While they focus primarily on substance abuse, they also address the entire spectrum of negative behavior. Staff, in sharing the school environment with their clients are able to identify students who are vulnerable to drug abuse. Working as advocates for students and using peer interaction as a primary technique, staff explores the nature of destructive behavior and marshalls the ego-strength of each individual to move in a positive direction.

The programs' flexibility of structure allows staff to deal directly with a problem as quickly as it arises. Assistance may range from an informal talk to a series of home visits for intensive family counseling. Today approximatley five-hundred staff members, city-wide, are specialists in substance abuse prevention and intervention techniques.

The programs continue to reflect the individual needs of its community's target population. Staff members have been trained, and continue to be trained in identifying symptoms in youngsters which may lead them to misuse drugs. Truancy, adolescent street crimes, dropping out of school, involvement in street gangs, running away from home, involvement in school and community vandalism (a crime which reportedly costs taxpayers approximately 600 million dollars a year—the figure for the schools alone is approximately 12 million dollars a year) poor peer and family relationships, poor academic achievement, promiscuity with its related effects of increased adolescent prostitution, and increased teenage pregnancies and venereal disease, among others . . . are behaviors with which program staff members deal on a regular basis. The program's sophisticated network of service has been built up painstakingly over twelve years, and has been accepted by the schools and the community in New York City. We are confident that our program can serve as a national model. We are now in one of the worst economic periods since the depression. We recognize that allocations for all people service programs are in jeopardy. However, cuts to our programs are a false economy. The taxpayer costs increase as the drug traffic grows. Evidence of its unprecedented growth is reflected in the following:

1. The $45 billion profits of New York's illegal drug trade surpasses by more than half the profits of every other major business in New York City.

2. There is a proliferation of hundreds of shops, which often masquerade as record shops, delis, or candy stores which are selling drugs. New York Magazine (12/13/82) estimated that from 100,000 to 300,000 people in New York City are employed in this business, and many of them are preying on our school-age children.

3. Marijuana is this nation's fourth largest cash crop, an ounce of cocaine costs five times the price of an ounce of gold, and its use is on the rise with our young.

4. A 1980 study in Baltimore reported that in an 11 year period, 243 heroin addicts had committed more than 500,000 crimes, mostly thefts, averaging more than 190 crimes by each addict each year.

5. The last survey conducted by the Division of Alcohol and Substance Abuse (1976) reported the following:

Every fourth person in the State fourteen years and older has taken an illegal drug or used a legal drug without a prescription;

More than 950,000 of New York State's high school students have used marijuana;

220,000 of these students have used hashish, glue, solvents, PCP, or tranquilizers non-medically;

Fifty-one percent of the students in New York State have used at least one substance;

An estimated 3.3 million teenagers between the ages of fourteen and seventeen are considered to be problem drinkers;

There is a documented increase in the abuse of substances among school-aged children, especially in the area of alcohol, phencyclidine (PCP), marijuana, tobacco, pills, and cocaine;

There is a significant increase in the abuse of substances among younger children in elementary grades.

As staggering as the conditions are, and as a greater and greater number of young people are in need of program services, every year severe fiscal cuts result in a diminution of these very services.

For the past twelve years, each and every year, we have intervened in the lives of hundreds of thousands of school children at $35 per child for prevention services and up to $300 per child for intervention service. It costs $30,000 per year per prisoner, $10–20,000 per year per group home resident, $2,100 per year per drug treatment resident.

It is ironic that prevention is the most cost effective approach in the short and long run. Yet it receives a low priority. We urge Congress to re-evaluate priorities. We ask for and need your leadership in this struggle. Drugs are everywhere. New York City has a cost-effective model. I close with a quotation from Joseph Califano's 1982 Report on Drug Abuse and Alcoholism to then Governor Carey. "We can't afford not to mount new prevention programs. They cost money, but they are not nearly as expensive as the law enforcement and treatment efforts that now fail to keep up with heroin addiction and other serious drug problems. We need drug programs in schools . . . to educate young people about the dangers of drug abuse, to come to their aid at the first sign of trouble . . . Prevention can be our best weapon in the fight against . . . addiction."

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